

# 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								
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**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 <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

**MELENDEZ 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).....	1425.00	81520.24
(ii) Unitemized.....	0.00	13290.00
(iii) TOTAL of contributions from individuals ▶	1425.00	94810.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1425.00	95810.24
<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>	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. <b>TOTAL DISBURSEMENTS</b> (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
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4738**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 436 Fairway Pointe Circle

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

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

Election Cycle-to-Date  
50.00

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

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 10436 Riva Ridge Trail

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

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

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**

**A.** Full Name (Last, First, Middle Initial)  
**N Carrasquillo**

Mailing Address 10096 Fenrose Terrace

City Orlando State FL Zip Code 32827

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

Name of Employer Federal Government Occupation Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2012

**Transaction ID : SA11AI.4740**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Rita Cunningham**

Mailing Address 1800 W. Virginia Dr

City Kissimmee State FL Zip Code 34744

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA11AI.4741**

Amount of Each Receipt this Period  
 100.00

**C.** 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 Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4688**

Amount of Each Receipt this Period  
 100.00

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

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

250.00

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

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

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 Occupation

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 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 / 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"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Apryle Jackson**

Mailing Address 14 Wagon Circle

City State Zip Code  
Kissimmee FL 34743

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

Name of Employer Occupation  
Osceola County School District Teacher

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 / 12 / 2012

**Transaction ID : SA11AI.4739**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Jorge Lima**

Mailing Address 3322 N Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Puerto Rico Federal Affairs

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 / 25 / 2012

**Transaction ID : SA11AI.4754**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Matthews**

Mailing Address 12621 Beltingle Court

City State Zip Code  
Orlando FL 32837

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

Name of Employer Occupation  
Orlando Health

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 / 23 / 2012

**Transaction ID : SA11AI.4752**

Amount of Each Receipt this Period  
25.00

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

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

125.00



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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 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) <b>A. Arturo Pagan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 536 Spring Lake Dr		<b>Transaction ID : SA11AI.4742</b>	
City Melbourne	State FL	Zip Code 32940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Arty Pagan Insurance Agency	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

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

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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) <b>A. Jon Arguello</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4780</b>
City Kissimmee	State FL	
Purpose of Disbursement	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>B. Jon Arguello</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4781</b>
City Kissimmee	State FL	
Purpose of Disbursement	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>c. Jon Arguello</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4802</b>
City Kissimmee	State FL	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 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) <b>A. Cunningham's Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 10135.18
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4793</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. Cunningham's Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 313.51
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4799</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. Patrick Darin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 300.00
City	State Zip Code	
Orlando	FL 32812	<b>Transaction ID : SB17.4784</b>
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 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) <b>A. Patrick Darin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 500.00
City Orlando	State FL Zip Code 32812	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4805</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gravis Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address		Amount of Each Disbursement this Period 2500.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4796</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Orange County Young Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4806</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 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) <b>A. Orange County Young Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4808</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. Javier Rejon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 3150 Stowe St #103		Amount of Each Disbursement this Period 1000.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4798</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. St. Cloud Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 225.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4813</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).....	1475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	577.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 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) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4785</b>
City	State Zip Code	
Purpose of Disbursement	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. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.4786</b>
City	State Zip Code	
Purpose of Disbursement	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. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.4787</b>
City	State Zip Code	
Purpose of Disbursement	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).....	395.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 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) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address		Amount of Each Disbursement this Period 100.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4795</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. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4820</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. Inc Vertical Response</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 72.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4815</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) .....	422.00
<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 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) <b>A. www.polkgop.org</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 275.00
City	State Zip Code	
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>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	
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.</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	

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