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Originally mailed 7/15/2014

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-7

July 22, 2014

THILLET, CARLOS, TREASURER
PETER VIVALDI FOR CONGRESS
11555 LAKE UNDERHILL ROAD
ORLANDO, FL 34786

IDENTIFICATION NUMBER: C00546531

REFERENCE: JULY QUARTERLY REPORT (04/01/2014 - 06/30/2014)

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements as required by the Federal Election Campaign Act, as amended.

You will be allowed until **5:00 pm est on the fourth (4th) business day** from the date of this notice to file this report to avoid publication. If you have already filed the report by express, certified or registered mail or are planning to file it within four (4) business days from the date of this notice, **please notify us immediately** of the certified, registered or express tracking number and the date that the report was sent.

The report must be filed with the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463 for House candidates, or the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 (if sent via overnight delivery service) or Senate Office of Public Records, P.O. Box 77578, Washington, DC 20013-7578 (if sent via USPS) for Senate Candidates. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report must also be filed with the Secretary of State or equivalent State officer unless the state is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at www.fec.gov.

In addition, the failure to timely file this report may result in civil money penalties, an audit or other legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report.

RECEIVED
2014 JUL 29 PM 1:09
FEC MAIL CENTER

14330055111

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED

2014 JUL 30 PM 1:09
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5C MAIL CENTER

PETER VIVALDI FOR CONGRESS

ADDRESS (number and street)

WISIT LAKE UMBERHILL ROAD

Check if different than previously reported. (ACC)

ORLANDO FL 32822

2. FEC IDENTIFICATION NUMBER ▼

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2014 through 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 CARLOS A. THILLET

Signature of Treasurer

Date 07/15/2014

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

Office Use Only								
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

PETER VIVALDI FOR CONGRESS

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

	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))	<i>5,466.00</i>	<i>33,952.00</i>
(b) Total Contribution Refunds (from Line 20(d))		<i>600.00</i>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>5,466.00</i>	<i>33,352.00</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>12,836.00</i>	<i>39,618.07</i>
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>12,836.00</i>	<i>39,618.07</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>1,583.93</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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)

Page 3

Write or Type Committee Name

PETER VIVALDI FOR CONGRESS

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

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).....

5,466.00

30,136.00

(ii) Unitemized.....

0.000.00

3,816.00

(iii) TOTAL of contributions from individuals ▶

5,466.00

33,952.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))..

5,466.00

33,952.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

7,850.00

7,850.00

(b) All Other Loans.....

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

7,850.00

7,850.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

13,316.00

41,802.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	12,836.00	39,618.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		600.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		600.00
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12,836.00	40,218.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,103.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13,316.00
25. SUBTOTAL (add Line 23 and Line 24).....	14,419.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12,836.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,583.93

**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 OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d		
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial)
Figueroa, Leopoldo

Mailing Address
Zeus B-3 Monte Olimpo

City *Guaynabo* State *PR* Zip Code *00969*

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

Name of Employer *Self* Occupation *Owner*

Receipt For: Primary General Other (specify)

Election Cycle-to-Date *50000*

Date of Receipt *04 / 22 / 2014*

Amount of Each Receipt this Period *50000*

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

Mailing Address
8 Bloomfield Way

City *West Orange* State *N.J.* Zip Code *07052*

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

Name of Employer *SELF* Occupation *PASTOR*

Receipt For: Primary General Other (specify)

Election Cycle-to-Date *25000*

Date of Receipt *04 / 01 / 2014*

Amount of Each Receipt this Period *25000*

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

Mailing Address
12021 Blairemont Way

City *ORLANDO* State *FL* Zip Code *32825*

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

Name of Employer *SELF* Occupation *REALTOR*

Receipt For: Primary General Other (specify)

Election Cycle-to-Date *27500*

Date of Receipt *04 / 24 / 2014*

Amount of Each Receipt this Period *27500*

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

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

INDICATE CONTINUED

**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	OF
	<input 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)
A. *CABRERA, Rigoberto*

Mailing Address
1351 N. Goldenrod Rd
City *ORLANDO* State *FL* Zip Code *32807*

Date of Receipt
M M / D D / Y Y Y Y
04 23 2014

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

Amount of Each Receipt this Period
300.00

Name of Employer *SELF* Occupation *OWNER*

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
300.00

Full Name (Last, First, Middle Initial)
B. *QUILES, Agustin*

Mailing Address
3999 Greystone Drive
City *CLERMONT* State *FL* Zip Code *34711*

Date of Receipt
M M / D D / Y Y Y Y
01 11 2014

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

Amount of Each Receipt this Period
200.00

Name of Employer *SELF* Occupation *Marketing*

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
200.00

Full Name (Last, First, Middle Initial)
C. *TAYLOR, Desmond*

Mailing Address
547 Coftone Drive
City *ORLANDO* State *FL* Zip Code *32828*

Date of Receipt
M M / D D / Y Y Y Y
04 24 2014

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

Amount of Each Receipt this Period
300.00

Name of Employer *Foster Care Co.* Occupation *MANAGER*

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
300.00

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

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		OF
	<input 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

A. Full Name (Last, First, Middle Initial)
Benitez, Myra

Mailing Address
6713 Thornhill Circle

City *Windermere* State *FL* Zip Code *34786*

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

Name of Employer *Self* Occupation *Sales*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period
700.00

700.00

B. Full Name (Last, First, Middle Initial)
Plasencia, Rene'

Mailing Address
1310 N. Chickasaw Trail

City *Orlando* State *FL* Zip Code *32825*

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

Name of Employer *SELF* Occupation *Promoter*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
04 24 2014

Amount of Each Receipt this Period
200.00

200.00

C. Full Name (Last, First, Middle Initial)
Thillet, Carlos A.

Mailing Address
4037 Yeats Street

City *Orlando* State *FL* Zip Code *32828*

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

Name of Employer *NONE* Occupation *Retired*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
04 24 2014

Amount of Each Receipt this Period
200.00

300.00

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

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

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial)
Behan, Kevin B.

Mailing Address
12724 Lakebrook Drive

City *Orlando* State *FL* Zip Code *32828*

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

Name of Employer *ORANGE COUNTY BCC* Occupation *Staffer*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
07 24 2014

Amount of Each Receipt this Period
200.00

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

Mailing Address
6712 Thornhill Circle

City *Windermere* State *FL* Zip Code *34786*

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

Name of Employer *SELF* Occupation *M.D.*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
M M / D D / Y Y Y Y
04 22 2014

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Raymond, Andrew M.

Mailing Address
9418 Palm Tree Drive

City *Windermere* State *FL* Zip Code *34786*

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

Name of Employer *SELF* Occupation *Owner*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
401.00

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

Amount of Each Receipt this Period
401.00

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

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		OF
	<input 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

A. Full Name (Last, First, Middle Initial)
Vivaldi Sr., Peter A.

Mailing Address
8656 Hill Pine Road

City *Orlando* State *FL* Zip Code *32825*

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

Name of Employer *NONE* Occupation *Retired*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
04 19 2014

Amount of Each Receipt this Period
200.00

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

Mailing Address
9102 Wagonwood Court

City *Orlando* State *FL* Zip Code *32825*

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

Name of Employer *SELF* Occupation *SALES*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
170.00

Date of Receipt
M M / D D / Y Y Y Y
06 30 2014

Amount of Each Receipt this Period
170.00

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

Mailing Address
3593 Conroy Road

City *Orlando* State *FL* Zip Code *32839*

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

Name of Employer *PRICELINE* Occupation *Credit Analyst*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
195.00

Date of Receipt
M M / D D / Y Y Y Y
06 29 2014

Amount of Each Receipt this Period
195.00

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

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		OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 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)
Peter Vivaldi For Congress

Full Name (Last, First, Middle Initial)
BERRIOS, MANNY

A. Mailing Address
11213 Green Heron Court
City *Orlando* State *FL* Zip Code *32825*

Date of Receipt
M M / D D / Y Y Y Y
06 10 2014

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

Amount of Each Receipt this Period

Name of Employer *Self* Occupation *Owner*

1,000.00
In Kind Campaign Signs

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
1,000.00

Full Name (Last, First, Middle Initial)

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

B. 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:
 Primary General
 Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

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

C. 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:
 Primary General
 Other (specify)
Election Cycle-to-Date

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

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

5,466.00

**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)
 17 18 19a 19b
 20a 20b 20c 21

PAGE OF

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

Full Name (Last, First, Middle Initial)

A. Berrios, Manny

Mailing Address: *11213 Green Heron Court*

City: *ORLANDO* State: *FL* Zip Code: *32825*

Purpose of Disbursement: *In-Kind Campaign Signs*

Candidate Name: *Peter Vivaldi*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement

06 / 10 / 2014

Amount of Each Disbursement this Period

100,000

B. Engels, Jacob

Mailing Address: *537 Loyola Cr. Unit 29203*

City: *Orlando* State: *FL* Zip Code: *32828*

Purpose of Disbursement: *Media Consulting*

Candidate Name: *Peter Vivaldi*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement

04 / 20 / 2014

Amount of Each Disbursement this Period

20,000

C. Florida Dept. of State

Mailing Address: *R.A. Gray Building 500 S. Bronough St.*

City: *Tallahassee* State: *FL* Zip Code: *32399*

Purpose of Disbursement: *Qualifying Fee*

Candidate Name: *Peter Vivaldi*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement

04 / 29 / 2014

Amount of Each Disbursement this Period

104,400.00

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

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

.....

.....

FORM 1 LINE 1-10000

**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 OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial)
Vivaldi, Peter A.

Mailing Address
6713 Thornhill Circle

City *Windermere* State *FL* Zip Code *34786*

Purpose of Disbursement
Reimbursement for Internet Service

Candidate Name
Peter Vivaldi Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement
M M / D D / Y Y Y Y
05 02 2014

Amount of Each Disbursement this Period
71600

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

Mailing Address
214 E. Oak Street

City *Kissimmee* State *FL* Zip Code *34741*

Purpose of Disbursement
Event Sponsorship

Candidate Name
Peter Vivaldi Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement
M M / D D / Y Y Y Y
06 10 2014

Amount of Each Disbursement this Period
240.00

C. Full Name (Last, First, Middle Initial)
Osceola County Supervisor of Elections

Mailing Address
2509 E. Ito Bronson Memorial Hwy

City *Kissimmee* State *FL* Zip Code *34744*

Purpose of Disbursement
Absentee voter List

Candidate Name
Peter Vivaldi Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement
M M / D D / Y Y Y Y
06 19 2014

Amount of Each Disbursement this Period
1500

SUBTOTAL of Disbursements This Page (optional)

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	OF
	<input 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

A. Full Name (Last, First, Middle Initial) *East Side Regional Hab Nods*

Mailing Address *376 N. Central Ave.*

City *Oviedo* State *FL* Zip Code *32765*

Purpose of Disbursement *Event Sponsorship*

Candidate Name *Peter Vivaldi* Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement: *06 23 2014*

Amount of Each Disbursement this Period: *225.00*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)..... *12836.00*

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
Vivaldi, Peter A.

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
6713 Thornhill Circle

City *Windermere* State *FL* ZIP Code *34786*

Original Amount of Loan <i>7,850.00</i>	Cumulative Payment To Date <i>0.00,000.00</i>	Balance Outstanding at Close of This Period <i>7,850.00</i>
--	--	--

TERMS

Date Incurred MM/DD/YYYY <i>04/25/2014</i>	Date Due MM/DD/YYYY <i>11/04/2014</i>	Interest Rate <i>00.00</i> % (apr)	Secured: <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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<i>7,850.00</i>

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

FORM 1300-1 (02/03)

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/25/14</i>
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>7/29/14</i> DATE PREPARED