

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 JUAN ELIEL FOR CONGRESS

ADDRESS (number and street) PO BOX 297436 Check if different than previously reported. (ACC) PEMBROKE PINES FL 33029

2. FEC IDENTIFICATION NUMBER C C00506766 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 20

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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 Jose A. Riesco

Signature of Treasurer Jose A. Riesco [Electronically Filed] Date 04 / 14 / 2012

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JUAN ELIEL 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))....	10800.00	13950.11
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10700.00	13850.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7137.69	7859.37
(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)).....	7137.69	7859.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5990.74	
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

**JUAN ELIEL 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>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9300.00	12300.00
(ii) Unitemized.....	1500.00	1650.11
(iii) TOTAL of contributions from individuals ▶	10800.00	13950.11
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10800.00	13950.11
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10800.00	13950.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7137.69	7859.37
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 .....	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7237.69	7959.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2428.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10800.00
25. SUBTOTAL (add Line 23 and Line 24).....	13228.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7237.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5990.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input 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)  
**JUAN ELIEL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dalcio L. Andujar**

Mailing Address 18044 SW 29th Court

City Miramar State FL Zip Code 33029

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

Name of Employer EAD Financial Group Occupation Language Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maria Arroyo**

Mailing Address 4887 SW 183 Avenue

City Miramar State FL Zip Code 33029

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

Name of Employer Auditorio de la Fe, Inc. Occupation Office Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2012

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Alfonso Cordero**

Mailing Address 8025 NW 36th Street Suite 302

City Miami State FL Zip Code 33166

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

Name of Employer Self-Employed Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
 2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<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)  
**JUAN ELIEL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carlos Ferreira**

Mailing Address 15257 SW 111th Street

City Miami State FL Zip Code 33196

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

Name of Employer ADPE Occupation Pastor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Eugenio Figueroa**

Mailing Address 1984 NW 179th Avenue

City Pembroke Pines State FL Zip Code 33029

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

Name of Employer Ready Rudy Carpet Cleaning Inc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Maldonado**

Mailing Address 1273 NW 171 Terrace

City Pembroke Pines State FL Zip Code 33028

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

Name of Employer Team Health Occupation Insurance Billing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

**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 13
	<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)  
**JUAN ELIEL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Ochoa**

Mailing Address 4451 E. Seneca Avenue

City Weston State FL Zip Code 33332

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

Name of Employer Self-Employed Occupation Web Designer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Soraya Renta**

Mailing Address PO Box 826642

City Pembroke Pines State FL Zip Code 33082

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

Name of Employer Self-Employed Occupation Event Coordinator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Edwin Rivero**

Mailing Address 9645 NW 1st Court #304

City Pembroke Pines State FL Zip Code 33024

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

Name of Employer All Risk Insurance & Tags Occupation Insurance 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  
 03 / 27 / 2012

**Transaction ID : SA11AI.4208**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 13
	<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)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Julia Rohena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012	
Mailing Address 15257 SW 111th Street		<b>Transaction ID : SA11AI.4136</b>	
City Miami State FL Zip Code 33196	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer N/A Occupation Retired	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Julia Rohena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012	
Mailing Address 15257 SW 111th Street		<b>Transaction ID : SA11AI.4218</b>	
City Miami State FL Zip Code 33196	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1050.00		
Name of Employer N/A Occupation Retired	Election Cycle-to-Date _____ 1050.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____		
Name of Employer Occupation	Election Cycle-to-Date _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 550.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 9300.00



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

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NAME OF COMMITTEE (In Full)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chef Carlos Renta</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 14229 SW 94 Circle Lane		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4188</b>
City Miami	State FL Zip Code 33186	
Purpose of Disbursement Catering	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>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 401.53 <b>Transaction ID : SB17.4180</b>
City Pompano Beach	State FL Zip Code 33060	
Purpose of Disbursement Utilities	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>C. D.P. Embroidery &amp; Screen Print</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 14915 SW 52nd Street		Amount of Each Disbursement this Period 417.00 <b>Transaction ID : SB17.4163</b>
City Miramar	State FL Zip Code 33027	
Purpose of Disbursement T-Shirts	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1418.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. D.P. Embroidery &amp; Screen Print</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 14915 SW 52nd Street		Amount of Each Disbursement this Period 259.00 <b>Transaction ID : SB17.4176</b>
City Miramar State FL Zip Code 33027	Purpose of Disbursement T-Shirts	
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. Carlos Ferreira</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 131.41 <b>Transaction ID : SB17.4171</b>
City Miami State FL Zip Code 33196	Purpose of Disbursement Reimbursement - Deposit for CD & Copies (see memo entries)	
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. Carlos Ferreira</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 384.39 <b>Transaction ID : SB17.4183</b>
City Miami State FL Zip Code 33196	Purpose of Disbursement Reimbursement - Printing & Supplies (see memo entries)	
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).....	774.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Avanze Corporation</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address PO Box 820097		Amount of Each Disbursement this Period 330.30
City South Florida	State FL	
Zip Code 33082	Purpose of Disbursement Printing of Flyers	Transaction ID : SB17.4183.1
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Juan Eliel Garcia</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2012
Mailing Address PO Box 297436		Amount of Each Disbursement this Period 579.30
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Reimbursement - Printing & Supplies (see memo entries)	Transaction ID : SB17.4166
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. Avanze Corporation</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2012
Mailing Address PO Box 820097		Amount of Each Disbursement this Period 398.81
City South Florida	State FL	
Zip Code 33082	Purpose of Disbursement Business Cards/Envelopes/Letterheads	Transaction ID : SB17.4166.1
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	579.30
<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 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Juan Eliel Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address PO Box 297436		Amount of Each Disbursement this Period 41.00
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Reimbursement - PO Box Rental (see memo entries)	Transaction ID : SB17.4169
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. Restrepo Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 2300.00
City Sunrise	State FL	
Zip Code 33326	Purpose of Disbursement Rent	Transaction ID : SB17.4157
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. Restrepo Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 850.00
City Sunrise	State FL	
Zip Code 33326	Purpose of Disbursement Rent	Transaction ID : SB17.4178
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).....	3191.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**JUAN ELIEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rosax International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 7361 NW 78th Street		Amount of Each Disbursement this Period 697.35
City Miami	State FL Zip Code 33166	
Purpose of Disbursement Furniture	Candidate Name	Transaction ID : SB17.4173
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).....	697.35
<b>TOTAL</b> This Period (last page this line number only).....	6660.98