

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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									
-----------------	--	--	--	--	--	--	--	--	--

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))....	3735.24	99545.48
(b) Total Contribution Refunds (from Line 20(d))	5000.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1264.76	94545.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27485.53	91722.36
(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)).....	27485.53	91722.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2823.12	
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: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2340.24	83860.48
(ii) Unitemized.....	1145.00	14435.00
(iii) TOTAL of contributions from individuals ▶	3485.24	98295.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	1250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3735.24	99545.48
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)..... ▶	3735.24	99545.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27485.53	91722.36
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	5000.00	5000.00
(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)).....	5000.00	5000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	32485.53	96722.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31573.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3735.24
25. SUBTOTAL (add Line 23 and Line 24).....	35308.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32485.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2823.12

**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 19
	<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	

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)
James Cook

Mailing Address 2371 Eagle Trace Drive

City State Zip Code
Kissimmee FL 34746

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

Name of Employer Occupation
Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period
200.00

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

Mailing Address 2251 Rambling Oaks Way

City State Zip Code
Kissimmee FL 34746

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

Name of Employer Occupation
Land Surveyor

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
 08 01 2012

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
500.00

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

Mailing Address 1807 Gipson Green Lane

City State Zip Code
Winte Park FL 32789

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

Name of Employer Occupation
Push, Inc

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
250.00

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

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

950.00

**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 19
	<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	

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)
John Ludwig

Mailing Address 1807 Gipson Green Lane

City State Zip Code
Winte Park FL 32789

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

Name of Employer Occupation
Push, Inc

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 / 27 / 2012

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Diego Albizu Melendez

Mailing Address 26301 Laurel Pass

City State Zip Code
San Antonio TX 78260

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

Name of Employer Occupation
Medtronic Medical device salesman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Nanette Parratto-Wagner

Mailing Address 14349 Chinese Elm Drive

City State Zip Code
Orlando FL 32828

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

Name of Employer Occupation
TBF, PLLC Veterinarian

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11AI.4771

Amount of Each Receipt this Period
250.00

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 7 OF 19
	<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	

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)
Nanette Parratto-Wagner

Mailing Address 14349 Chinese Elm Drive

City Orlando State FL Zip Code 32828

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

Name of Employer TBF, PLLC Occupation Veterinarian

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1075.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2012

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
250.00

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

Mailing Address 901 N. Nelson St #514

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
250.00

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

Mailing Address 901 N. Nelson St #514

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

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
08 / 02 / 2012

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 19
	<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	

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)
Darren Salinger

Mailing Address 7878 Ponce de Leon Road

City Miami State FL Zip Code 33143

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

Name of Employer Discreet Gynecology, PA Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **360.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period
20.12

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

Mailing Address 7878 Ponce de Leon Road

City Miami State FL Zip Code 33143

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

Name of Employer Discreet Gynecology, PA Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **380.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
20.12

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

40.24

2340.24

**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 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MELENDEZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Armando Gutierrez

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308

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

Name of Employer Occupation Gutierrez for Congress

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : SA11C.4848

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

250.00

250.00

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

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

Full Name (Last, First, Middle Initial) A. Jon Arguello		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 500.00
City Kissimmee	State FL	
Zip Code 34746	Purpose of Disbursement 001	Transaction ID : SB17.4931
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. Jon Arguello		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 600.00
City Kissimmee	State FL	
Zip Code 34746	Purpose of Disbursement 001	Transaction ID : SB17.4909
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. Brighthouse		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 594.00
City	State	
Zip Code	Purpose of Disbursement 004	Transaction ID : SB17.4907
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).....	1694.00
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 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Roberto Coquis		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 1324 35th St. NW		Amount of Each Disbursement this Period 800.00
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement	Transaction ID : SB17.4919
Candidate Name	001 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. Cunningham's Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 313.51
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB17.4929
Candidate Name	006 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. Cunningham's Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 1292.56
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB17.4928
Candidate Name	006 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)	2406.07
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 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Patrick Darin		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 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
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. Patrick Darin		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 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
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 08 / 14 / 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
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).....	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 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address		Amount of Each Disbursement this Period 5500.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4918
Category/Type 004		
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. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 4820.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4914
Category/Type 004		
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. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4890
Category/Type 004		
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)	10570.00
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 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Kissimmee/Osceola Chamber		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4921
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type 006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Think Le		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address		Amount of Each Disbursement this Period 2226.00 Transaction ID : SB17.4932
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Maitropolis		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 2773.29 Transaction ID : SB17.4926
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5249.29
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 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Maitropolis		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 1738.40
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4930
Category/Type 003		
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. Rebecca Mclaughlin		Date of Disbursement MM / DD / YYYY 07 / 28 / 2012
Mailing Address		Amount of Each Disbursement this Period 100.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4915
Category/Type 001		
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. Melao Bakery		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 1912 Boggy Creek Road		Amount of Each Disbursement this Period 630.23
City	State Zip Code	
Kissimmee FL 34744		Transaction ID : SB17.4912
Purpose of Disbursement	Category/Type 007	
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).....	2468.63
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 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Julius Melendez		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 955.33 Transaction ID : SB17.4920
City Kissimmee	State FL	
Purpose of Disbursement Food Reimbursement		Category/ Type 002
Candidate Name		
Office Sought: <input checked="" 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: FL	District: 09	

Full Name (Last, First, Middle Initial) B. Javier Rejon		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 3150 Stowe St #103		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4911
City Orlando	State FL	
Purpose of Disbursement		Category/ Type 007
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address		Amount of Each Disbursement this Period 350.33 Transaction ID : SB17.4868
City	State	
Purpose of Disbursement		Category/ Type 006
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).....	955.33
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 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 55.63
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4860
Category/Type 006		
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 08 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 10.69
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4862
Category/Type 006		
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 / 31 / 2012
Mailing Address		Amount of Each Disbursement this Period 660.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4866
Category/Type 003		
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).....	726.32
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 18 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address		Amount of Each Disbursement this Period 18.95 Transaction ID : SB17.4906
City	State Zip Code	
Purpose of Disbursement	003 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 08 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4874
City	State Zip Code	
Purpose of Disbursement	003 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. Inc Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 72.00 Transaction ID : SB17.4875
City	State Zip Code	
Purpose of Disbursement	004 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).....	640.95
TOTAL This Period (last page this line number only).....	26210.84

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

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

Full Name (Last, First, Middle Initial) A. Carlos Guillen		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 119 Owenshire Cir		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.4924
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement 010	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. Cynthia Guillen		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 3006 Elbib Dr		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.4925
City St. Cloud	State FL	
Zip Code 34722	Purpose of Disbursement 010	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00