

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

16 AUG 22 AM 10:39

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ERNIE RIVERA FOR FLORIDA

ADDRESS (number and street)

P O BOX 9

Check if different than previously reported. (ACC)

LAND O'LAKES

FL

34639

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00607564

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

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

04

01

2016

through

06

30

2016

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

ALAN K. GEER, CPA

Signature of Treasurer

[Handwritten Signature]

Date

08

12

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

201608220200361933

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ernie Rivera for Florida**

Report Covering the Period: From: **04** / **01** / **2016** To: **06** / **30** / **2016**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	3 5 0 0 0	6 5 0 0 0
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	3 5 0 0 0	6 5 0 0 0
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	2 8 9 2 8 2 9	4 1 2 6 2 1 9
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	2 8 9 2 8 2 9	4 1 2 6 2 1 9
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	2 5 1 7 1 9 6 0	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>		

**For further information contact:**

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

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

201608220200361934

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Ernie Rivera for Florida

Report Covering the Period: From:

**04** / **01** / **2016**

To:

**06** / **30** / **2016**

**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)...

2,000.00

2,000.00

(ii) Unitemized .....

1,500.00

4,500.00

(iii) TOTAL of contributions from individuals .

3,500.00

6,500.00

(b) Political Party Committees...

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

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans)

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

3,500.00

6,500.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...

13. LOANS:

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

280,000.00

292,331.79

(b) All Other Loans...

(c) TOTAL LOANS

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

280,000.00

292,331.79

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)...

2,803,500.00

2,929,817.90

201608220200361935

**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...	2,892.82	4,126.21
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 ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2,892.82	4,126.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	297.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2,803,500.00
25. SUBTOTAL (add Line 23 and Line 24)...	2,806,478.9
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2,892.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	251,719.60

201608220200361936

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

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) PAGE 1A  
**ERNIE RIVERA FOR FLORIDA**

**A.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J.**

Mailing Address  
**PO BOX 9**

City **LAND O'LAKES** State **FL** Zip Code **34639**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **13 83 179**

Date of Receipt **04 / 08 / 2016**

Amount of Each Receipt this Period **1 5 0 0 0 0**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J**

Mailing Address  
**PO BOX 9**

City **LAND O'LAKES** State **FL** Zip Code **34639**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **17 83 179**

Date of Receipt **04 / 19 / 2016**

Amount of Each Receipt this Period **4 0 0 0 0 0**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J**

Mailing Address  
**PO BOX 9**

City **LAND O'LAKES** State **FL** Zip Code **34639**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **20 83 179**

Date of Receipt **04 / 29 / 2016**

Amount of Each Receipt this Period **3 0 0 0 0 0**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... **8 5 0 0 0 0**

**TOTAL** This Period (last page this line number only) ..... **8 5 0 0 0 0**

201608220200361937

**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 checked="" 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) PAGE 2A  
**ERNIE RIVERA FOR FLORIDA**

**A.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J**

Mailing Address  
**PO BOX 9**

City **LAND O LAKES** State **FL** Zip Code **3439**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2333179**

Date of Receipt **05 / 03 / 2016**

Amount of Each Receipt this Period **2500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J**

Mailing Address  
**PO BOX 9**

City **LAND O'LAKES** State **FL** Zip Code **34639**

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

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2433179**

Date of Receipt **05 / 18 / 2016**

Amount of Each Receipt this Period **1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RIVERA, ERNIE J**

Mailing Address  
**PO BOX 9**

City **LAND O LAKES** State **FL** Zip Code **34639**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **3033179**

Date of Receipt **06 / 02 / 2016**

Amount of Each Receipt this Period **6000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) **9500.00**

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

201608220200361938

**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 checked="" 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) <b>ERNIE RIVERA FOR FLORIDA</b>	PAGE 3A
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Full Name (Last, First, Middle Initial) <b>A. RIVERA, ERNIE J</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2016</b>
Mailing Address <b>PO BOX 9</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>
City <b>LAND O LAKES</b>	State Zip Code <b>FL 34639</b>	
FEC ID number of contributing federal political committee. <b>C 00607564</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>LAS AMERICAS</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>3 1 3 3 1 7 9</b>	

Full Name (Last, First, Middle Initial) <b>B. RIVERA, ERNIE J</b>		Date of Receipt MM / DD / YYYY <b>06 / 23 / 2016</b>
Mailing Address <b>PO BOX 9</b>		Amount of Each Receipt this Period <b>1 1 0 0 0 0 0 0</b>
City <b>LAND O LAKES</b>	State Zip Code <b>FL 34639</b>	
FEC ID number of contributing federal political committee. <b>C 00607564</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>LAS AMERICA</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>4 2 3 3 1 7 9</b>	

Full Name (Last, First, Middle Initial) <b>C. RIVERA ERNIE J</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>PO BOX 9</b>		Amount of Each Receipt this Period <b>2 5 0 0 0 0 0 0</b>
City <b>LAND O LAKES</b>	State Zip Code <b>FL 34639</b>	
FEC ID number of contributing federal political committee. <b>C 00607564</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>LAS AMERICAS</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>2 9 2 3 3 1 7 9</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2 6 2 0 0 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2 8 0 0 0 0 0 0</b>

201608220200361939

**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 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)  
**ERNIE RIVERA FOR FLORIDA**

PAGE A4

**A.** Full Name (Last, First, Middle Initial)  
**GEER, ALAN K.**

Mailing Address  
**7401 D TEMPLE TERRACE HWY**

City **TAMPA** State **FL** Zip Code **33637**

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer **LAS AMERICAS** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **2 0 0 0 0**

Date of Receipt **05 / 04 / 2016**

Amount of Each Receipt this Period **2 0 0 0 0**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MISC SMALL DONATIONS**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C 00607564**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **4 5 0 0 0**

Date of Receipt **06 / 20 / 2016**

Amount of Each Receipt this Period **1 5 0 0 0**

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... **3 5 0 0 0**

**TOTAL** This Period (last page this line number only) ..... **6 5 0 0 0**

201608220200361940

**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)  
**ERNIE RIVERA FOR FLORIDA** PAGE 1B

**A. TREMUL, RUTH**

Full Name (Last, First, Middle Initial)

Mailing Address  
9241 PEBBLE CREEK DR

City TAMPA State FL Zip Code 33647

Purpose of Disbursement  
SALARIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
03 / 31 / 2016

Amount of Each Disbursement this Period  
450.00

Memo Item

Category/Type  
0.01

**B. TREMUL, RUTH**

Full Name (Last, First, Middle Initial)

Mailing Address  
9241 PEBBLE CREEK DR

City TAMPA State FL Zip Code 33647

Purpose of Disbursement  
SALARIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
04 / 05 / 2016

Amount of Each Disbursement this Period  
400.00

Memo Item

Category/Type  
0.01

**C. TREMUL, RUTH**

Full Name (Last, First, Middle Initial)

Mailing Address  
9241 PEBBLE CREEK DR

City TAMPA State FL Zip Code 33647

Purpose of Disbursement  
SALARIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement  
MM / DD / YYYY  
04 / 20 / 2016

Amount of Each Disbursement this Period  
500.00

Memo Item

Category/Type  
0.01

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1350.00

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

201608220200361941

**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 checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (In Full)

ERNIE RIVERA FOR FLORIDA

PAGE 2B

Full Name (Last, First, Middle Initial)

**A.** TREMUL, RUTH

Mailing Address

9241 PEBBLE CREEK DR

City

TAMPA

State

FL

Zip Code

33647

Purpose of Disbursement

SALARIES

0.01

Candidate Name

ERNIE RIVERA

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Amount of Each Disbursement this Period

8 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

**B.** TREMUL, RUTH

Mailing Address

9241 PEBBLE CREEK DR

City

TAMPA

State

FL

Zip Code

33647

Purpose of Disbursement

salaries

0.01

Candidate Name

ERNIE RIVERA

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

Amount of Each Disbursement this Period

8 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

**C.** TREMUL, RUTH

Mailing Address

City

State

Zip Code

Purpose of Disbursement

ADMIN

0.01

Candidate Name

ERNIE RIVERA

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

Amount of Each Disbursement this Period

1 1 0 5 5

Memo Item

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

1 7 1 1 6 5

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

201608220200361942

**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 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)

ERNIE RIVERA FOR FLORIDA

PAGE 3 B

Full Name (Last, First, Middle Initial)

**A.** TAYLOR, LAURIE

Mailing Address  
2502 LAND O LAKES BLV

City State Zip Code  
LAND O LAKES FL 34639

Purpose of Disbursement  
RENT AND UTILITIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2016

Amount of Each Disbursement this Period

1,140.00

Memo Item

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** CAVAZOS, MOSES

Mailing Address  
105 BENT CREEK CT

City State Zip Code  
WAXAHACHIE TX 75166

Purpose of Disbursement  
SALARIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2016

Amount of Each Disbursement this Period

5,000.00

Memo Item

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** CAVAZOS, MOSES

Mailing Address

City State Zip Code

Purpose of Disbursement  
SALARIES

Candidate Name  
ERNIE RIVERA

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2016

Amount of Each Disbursement this Period

1,000.00

Memo Item

001  
Category/  
Type

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

2,614.00

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

201608220200361943

**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)  
**ERNIE RIVERA FOR FLORIDA** PAGE 4 B

Full Name (Last, First, Middle Initial)  
**A. CAVAZOS, MOSES**

Mailing Address

City State Zip Code

Purpose of Disbursement  
**SALARIES** 001

Candidate Name  
**ERNIE RIVERA** Category/Type

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

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 27 / 2016**

Amount of Each Disbursement this Period  
**523.89**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DIAZ, MINERVA**

Mailing Address  
**3526 PICKERELL PL**

City State Zip Code  
**TRINITY FL 34655**

Purpose of Disbursement  
**SALARIES** 001

Candidate Name  
**ERNIE RIVERA** Category/Type

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

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 20 / 2016**

Amount of Each Disbursement this Period  
**500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DIAZ, MINERVA**

Mailing Address

City State Zip Code

Purpose of Disbursement  
**SALARIES** 001

Candidate Name

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

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 27 / 2016**

Amount of Each Disbursement this Period  
**1000.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... **2023.89**

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

201608220200361944

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

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NAME OF COMMITTEE (In Full)

ERNIE RIVERA FOR FLORIDA

PAGE 5 B

Full Name (Last, First, Middle Initial)

**A. DIAZ, MINERVA**

Mailing Address

City State Zip Code

Purpose of Disbursement  
SALARIES AND ADMIN

001  
Category/  
Type

Candidate Name

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Amount of Each Disbursement this Period

1,131.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRANADO, LEON**

Mailing Address

4201 WOODSTORKS WALK AWAY

City State Zip Code  
LUTZ FL 33558

Purpose of Disbursement  
SALARIES

001  
Category/  
Type

Candidate Name

ERNIE RIVERA

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Amount of Each Disbursement this Period

2,000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCMAHOW, SEAN**

Mailing Address

3526 PICKERELL PLACE

City State Zip Code  
TRINITY FL 34655

Purpose of Disbursement  
SALARIES

001  
Category/  
Type

Candidate Name

ERNIE RIVERA

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

Amount of Each Disbursement this Period

925.00

Memo Item

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

4,056.86

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

201608220200361945

**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 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)  
**ERNIE RIVERA FOR FLORIDA**

PAGE 6 B

**A. GRANADO, LEON**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
**SALARIES**

Candidate Name  
**ERNIE RIVERA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 16 / 2016**

Amount of Each Disbursement this Period  
**1,000.00**

Memo Item

Category/Type  
**001**

**B. MISC**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
**POSTAGE/OFFICE SUPPLIES / WIFI**

Candidate Name  
**ERNIE RIVERA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**05 / 19 / 2016**

Amount of Each Disbursement this Period  
**5,847.77**

Memo Item

Category/Type  
**001**

**C. DEPARTMENT OF STATE**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code  
**FLORIDA**

Purpose of Disbursement  
**BALLOT FILING FEE**

Candidate Name  
**ERNIE RIVERA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **FL** District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 23 / 2016**

Amount of Each Disbursement this Period  
**1,044.00**

Memo Item

Category/Type  
**001**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **1,2024.77**

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

201608220200361946

**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)

ERNIE RIVERA FOR FLORIDA

PAGE 7 B

Full Name (Last, First, Middle Initial)

**A. TRUMEL, RUTH**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CATERING

0.03  
Category/  
Type

Candidate Name  
ERNIE RIVERA

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Amount of Each Disbursement this Period

252.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIAZ, CARLOS**

Mailing Address

ALTURAS DEL PARQUE ESCORIAL 3007  
City State Zip Code

CAROLINA PR 00987

Purpose of Disbursement  
CONSULTING

003  
Category/  
Type

Candidate Name  
ERNIE RIVERA

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

Amount of Each Disbursement this Period

1,000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIAZ, CARLOS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONSULTING

003  
Category/  
Type

Candidate Name  
ERNIE RIVERA

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

State: FL District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

Amount of Each Disbursement this Period

1,500.00

Memo Item

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

2752.90

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

201608220200361947

**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 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) <b>ERNIER RIVERA FOR FLORIDA</b>	PAGE 8 B
---	----------

Full Name (Last, First, Middle Initial) <b>A. INBOX PUERTO RICO</b>		Date of Disbursement MM / DD / YYYY <b>04 / 26 / 2016</b>
Mailing Address <b>100 GRAND BLVD PASEOS AVE</b>		Amount of Each Disbursement this Period 2,000.00
City State Zip Code <b>SUTIE 112-139 SAN JUAN PR 00926</b>		
Purpose of Disbursement <b>ADVERTISING</b>	Category/Type <b>004</b>	<input type="checkbox"/> Memo Item
Candidate Name <b>ERNIE RIVERA</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <b>FL</b> District:	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. VELESCO, JUAN</b>		Date of Disbursement MM / DD / YYYY <b>04 / 20 / 2016</b>
Mailing Address		Amount of Each Disbursement this Period 2,000.00
City State Zip Code		
Purpose of Disbursement <b>CAMPAIGN PHOTOGRAPHER</b>	Category/Type <b>006</b>	<input type="checkbox"/> Memo Item
Candidate Name <b>ERNIE RIVERA</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <b>FL</b> District:	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. MINUTEMAN PRINTING</b>		Date of Disbursement MM / DD / YYYY <b>06 / 09 / 2016</b>
Mailing Address		Amount of Each Disbursement this Period 249.67
City State Zip Code		
Purpose of Disbursement <b>CAMPAIGN MATERIALS</b>	Category/Type <b>006</b>	<input type="checkbox"/> Memo Item
Candidate Name <b>ERNIE RIVERA</b>		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <b>FL</b> District:	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>6,496.7</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

201608220200361948

**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) <b>ERNIE RIVERA FOR FLORIDA</b>	PAGE 9B
--	---------

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN EVENT EXPENSES**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

2 0 8 3 6
-----------

Purpose of Disbursement  
**MISC CATERING**

007
-----

Memo Item

Candidate Name  
**ERNIE RIVERA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **FL** District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. RIVERA, ERNIE**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Mailing Address

**PO BOX 9**

City State Zip Code  
**LAND O LAKES FL 34639**

Amount of Each Disbursement this Period

1 5 3 7 2 9
-------------

Purpose of Disbursement  
**TRAVEL**

--

Memo Item

Candidate Name  
**ERNIE RIVERA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: **FL** District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

--

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

1 7 4 5 6 5
-------------

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

2 8 9 2 8 2 9
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201608220200361949

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  
**RIVERA, ERNIE J**  Primary  
Mailing Address  General  
**PO BOX 9**  Other (specify) ▼

City State ZIP Code  
**LAND O LAKES FL 34639**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**1 5 0 0 0 0** **0 0 0 0 0 0** **1 5 0 0 0 0**

**TERMS** Date Incurred Date Due Interest Rate Secured:  
**04<sup>M</sup> / 08<sup>D</sup> / 2016** **MM / DD / NONE** **0 0 0 0 0 0** % (apr)  Yes  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: <b>0 0 0 0 0 0</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 0 0</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 0 0</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 0 0</b>

**SUBTOTALS** This Period This Page (optional)..... **1 5 0 0 0 0**  
**TOTALS** This Period (last page in this line only) ... **0 0 0 0 0 0**  
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

201608220200361950

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  
**RIVERA, ERNIE J**  Primary  
Mailing Address  General  
 Other (specify) ▼

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
4 0 0 0 0 0

**TERMS** Date Incurred Date Due Interest Rate Secured:  
04 / 19 / 2016 NONE % (apr)  Yes  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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)... 4 0 0 0 0 0

**TOTALS** This Period (last page in this line only) ..

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

201608220200361951

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  Primary  General  Other (specify) ▼

RIVERA, ERNIE J

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

3 0 0 0 0 0

**TERMS** Date Incurred Date Due Interest Rate Secured:

04 / 29 / 2016 NONE % (apr)  Yes  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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ... 3 0 0 0 0 0

**TOTALS** This Period (last page in this line only) ...

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

201608220200361952

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  Primary  General  Other (specify) ▼

RIVERA, ERNIE J

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

2,500.00

TERMS Date Incurred Date Due Interest Rate Secured:

05 / 03 / 2016 NONE % (apr)  Yes  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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... 2,500.00

TOTALS This Period (last page in this line only) ...

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

201608220200361953

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  Primary  General  Other (specify) ▼

**RIVERA, ERNIE J**

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

1 0 0 0 0 0

**TERMS** Date Incurred Date Due Interest Rate Secured:

05<sup>M</sup> / 18<sup>D</sup> / 2016<sup>Y</sup> NONE<sup>Y</sup> % (apr)  Yes  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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ... 1 0 0 0 0 0

**TOTALS** This Period (last page in this line only) ...

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

201608220200361954

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
ERNIE RIVERA FOR FLORIDA

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  Primary  General  Other (specify) ▼

RIVERA, ERNIE J

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

6 0 0 0 0 0 6 0 0 0 0 0 6 0 0 0 0 0

TERMS Date Incurred Date Due Interest Rate Secured:

M 06 / D 02 / Y 2016 M M / D D / Y NONE % (apr)  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional)..... ▶ 6 0 0 0 0 0

TOTALS This Period (last page in this line only) ... ▶ [ ]

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

201608220200361955

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item  
**RIVERA, ERNIE J**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan **1 0 0 0 . 0 0** Cumulative Payment To Date Balance Outstanding at Close of This Period **1 0 0 0 . 0 0**

TERMS Date Incurred **06<sup>M</sup> / 20<sup>D</sup> / 2016<sup>Y</sup>** Date Due **NONE** Interest Rate % (apr) Secured:  Yes  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: <b>0 0 0 0 . 0 0</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 . 0 0</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 . 0 0</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0 0 0 0 . 0 0</b>

SUBTOTALS This Period This Page (optional)..... **1 0 0 0 . 0 0**

TOTALS This Period (last page in this line only) .. **0 0 0 0 . 0 0**

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

201608220200361956

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  
**RIVERA, ERNIE J**  Primary  
 Mailing Address  General  
 Other (specify) ▼

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 11 000 00 11 000 00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 06 / 23 / 2016 NONE % (apr)  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)... ▶ 11 000 00

**TOTALS** This Period (last page in this line only) ... ▶ [ ]

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

201608220200361957

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**ERNIE RIVERA FOR FLORIDA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**RIVERA , ERNIE J**

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

2 5 0 0 0 0 0 0

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2 5 0 0 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2016

NONE

% (apr)

Yes  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:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

2 5 0 0 0 0 0 0

TOTALS This Period (last page in this line only) ...

2 8 0 0 0 0 0 0

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

201608220200361958

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)  <b>ERNIE RIVERA FOR FLORIDA</b>	Report Covering Period: From: <table border="1" style="display: inline-table; text-align: center;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>04</td><td>01</td><td>2016</td></tr></table> To: <table border="1" style="display: inline-table; text-align: center;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>06</td><td>30</td><td>2016</td></tr></table>	MM	DD	YYYY	04	01	2016	MM	DD	YYYY	06	30	2016
MM	DD	YYYY											
04	01	2016											
MM	DD	YYYY											
06	30	2016											

Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A		280350.00				
B	Column Total Last Page Only.....	292981.79				
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A			350.00		280000.00	
B			650.00		292331.79	
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	280000.00			280350.00	28928.29	
B	292331.79			292981.79	41262.19	
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A			28928.29	297.89	251719.60	
B			41262.19			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

201608220200361959

201608200361370

ALAN K. GEER, P. A.  
CERTIFIED PUBLIC ACCOUNTANTS  
7401 D TEMPLE TERRACE HWY  
TAMPA, FL 33637



7016 1370 0000 7769 0336

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# United States Senate

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

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Date of Receipt

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201608220200361961

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