

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Salazar for Congress			
ADDRESS (number and street) 3725 West Flagler Street #281			
CITY Miami	STATE FL	ZIP CODE 33134	
2. NAME OF CANDIDATE Salazar, Maria, Elvira, ,		3. OFFICE SOUGHT (State and District) House FL 27	
		4. FEC IDENTIFICATION NUMBER C00714261	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 1015 15TH STREET NW SUITE 800		Transaction ID : TX148571	Amount 2000.00
CITY WASHINGTON	STATE DC	ZIP CODE 20005-2605	Occupation
B. FULL NAME LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC		Name of Employer	Date (month, day, year)
MAILING ADDRESS 905 16TH ST., N.W		Transaction ID : TX148572	Amount 2500.00
CITY WASHINGTON	STATE DC	ZIP CODE 20006-1703	Occupation
C. FULL NAME BACARDI U S A INC POLITICAL ACTION COMMITTEE		Name of Employer	Date (month, day, year)
MAILING ADDRESS 2701 LE JEUNE ROAD		Transaction ID : TX148573	Amount 2000.00
CITY CORAL GABLES	STATE FL	ZIP CODE 33134-5809	Occupation
D. FULL NAME BARKER, BLANCA , , ,		Name of Employer SELF-EMPLOYED	Date (month, day, year)
MAILING ADDRESS 3255 SOUTHWEST 59TH AVENUE		Transaction ID : TX148575	Amount 2900.00
CITY MIAMI	STATE FL	ZIP CODE 33155-4061	Occupation ACCOUNTANT
E. FULL NAME BARKER, REX, M., ,		Name of Employer BEST LABOR CONTRACTORS	Date (month, day, year)
MAILING ADDRESS 3255 SOUTHWEST 59TH AVENUE		Transaction ID : TX148574	Amount 2900.00
CITY MIAMI	STATE FL	ZIP CODE 33155-4061	Occupation CFO
SIGNATURE (optional) Williamson, Les, , ,		DATE 10/26/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
		[Electronically Filed]	

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
BERK, JEFFREY, , , 197 CAMP CREEK ROAD SOUTH INLET BEACH FL 32461-7041	PRIVE PORTER Transaction ID : TX148470 Occupation RETAILER	10/24/2022	2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE CARRION, JOSE, , , 86 CERVANTES PH SAN JUAN PR 00907-1937	Name of Employer OSAGE LLC Transaction ID : TX148471 Occupation CONSULTANT	10/24/2022	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE DUARTE, ROGER, , , 534 MENENDEZ AVENUE CORAL GABLES FL 33146-2759	Name of Employer SELF-EMPLOYED Transaction ID : TX148576 Occupation SEAFOOD DISTRIBUTOR	10/24/2022	2900.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE LEBESS, NICHOLAS, A., , 525 SOUTHWEST 22ND ROAD MIAMI FL 33129-1915	Name of Employer JOMED CONSTRUCTION Transaction ID : TX148577 Occupation PROJECT MANAGER	10/24/2022	2900.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE MENDELSON, LISA, , , 2521 SOUTH BAYSHORE DRIVE MIAMI FL 33133-4704	Name of Employer HEICO CORP. Transaction ID : TX148472 Occupation CO-PRESIDENT	10/24/2022	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE WEISER, MICHAEL, L., , 1331 BRICKELL BAY DRIVE #4201 MIAMI FL 33131-3687			
Name of Employer OLDER & WEISER, INC.		Date (month, day, year) 10/24/2022	
Transaction ID : TX148578 Occupation CONSULTANT		Amount 2900.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Occupation		Amount	