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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

H0FL25012

Luis Rivera for Congress 2010

ADDRESS (number and street)

9920 SW 88TH ST



(Check if address  
is changed)

MIAMI

FL

33176-1774

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address  
is changed)

LuisRiveraforCongress@FloridaUSA.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

www.LuisRiveraforCongress.com

2. DATE

10 / 11 / 2009

3. FEC IDENTIFICATION NUMBER

C4H0FL25012

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

MM / DD / YYYY

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

## Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Luis Antonio Rivera

Candidate Party Affiliation

DEM

Office Sought:

☒

House

Senate

President

State

FL

District

25

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

## Party Committee:

- (d) ☒ This committee is a DEM (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

## Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

## Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1. ☐ FEC ID number

C

2. ☐ FEC ID number

C

3. ☐ FEC ID number

C

4. ☐ FEC ID number

C

29030180226

Write or Type Committee Name

Luis Rivera For Congress 2010

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Robert De Leo

Mailing Address

16060 SW 151 TerraceMiamiFL33196

Title or Position

CITY

STATE

ZIP CODE

Campaign Manager

Telephone number

786-457-9709

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

Full Name of  
Designated  
Agent

Alvaro Araya

Mailing Address

6465 West 8th Ave

Hialeah

CITY

FL

STATE

33012

ZIP CODE

Title or Position

Senior Advisor

Telephone number

954-383-2199

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28030180228

Federal Election Commission  
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Date of Receipt or Postmarked

☐ Other (Specify):

PREPARER

DATE PREPARED

(3/2005)

87208105067