

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

ENRIQUE TARRIO FOR CONGRESS

ADDRESS (number and street)

5730 NW 2ND ST

Check if different than previously reported. (ACC)

MIAMI

FL

33126

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00725408

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

27

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 / 04

D D / 01

Y Y Y Y / 2020

through

M M / 06

D D / 30

Y Y Y Y / 2020

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

Curtis, Elizabeth, , ,

Type or Print Name of Treasurer

Curtis, Elizabeth, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / 07

D D / 08

Y Y Y Y / 2020

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
ENRIQUE TARRIO 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))....	885.00	9068.20
(b) Total Contribution Refunds (from Line 20(d))	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	835.00	9018.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4054.54	9001.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	482.90	482.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3571.64	8518.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	499.59	
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 05/2016)

Write or Type Committee Name

ENRIQUE TARRIO 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).....	150.00	1951.00
(ii) Unitemized	735.00	7117.20
(iii) TOTAL of contributions from individuals	885.00	9068.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	885.00	9068.20
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.)	482.90	482.90
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).....	1367.90	9551.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4054.54	9001.51
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	50.00	50.00
(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)).....	50.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4104.54	9051.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3236.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1367.90
25. SUBTOTAL (add Line 23 and Line 24).....	4604.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4104.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	499.59

**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 9	
	<input checked="" type="checkbox"/> 11a 12	<input 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)
ENRIQUE TARRIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RIVERO, RENE VICENTE, , ,

Mailing Address 7700 CAMINO REAL

City MIAMI	State FL	Zip Code 33143
---------------	-------------	-------------------

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

Name of Employer Beta Capital Wealth Management	Occupation Financial Controller
--	------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2020

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RIVERO, RENE VICENTE, , ,

Mailing Address 7700 CAMINO REAL

City MIAMI	State FL	Zip Code 33143
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FEC ID number of contributing federal political committee. **C**

Name of Employer Beta Capital Wealth Management	Occupation Financial Controller
--	------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2020

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RIVERO, RENE VICENTE, , ,

Mailing Address 7700 CAMINO REAL

City MIAMI	State FL	Zip Code 33143
---------------	-------------	-------------------

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

Name of Employer Beta Capital Wealth Management	Occupation Financial Controller
--	------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2020

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 150.00
TOTAL This Period (last page this line number only)..... ▶	_____ 150.00

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 9	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
ENRIQUE TARRIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619616

City DFW Airport	State TX	Zip Code 75261
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 482.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2020

Transaction ID : SA14.4458

Amount of Each Receipt this Period
 _____ 286.10

Memo Item
Refund Airfare

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 286.10
TOTAL This Period (last page this line number only)..... ▶	_____ 286.10

**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 7 OF 9	
	<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)
ENRIQUE TARRIO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2020
Mailing Address 410 Terry Ave N		FEC Identification Number C
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 243.95
Candidate Name		Transaction ID : SB17.4422
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Conservative Compliance Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020
Mailing Address 5 Halifax Ct		FEC Identification Number C
City Marlton	State NJ	Zip Code 08053
Purpose of Disbursement Compliance Services		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.4416
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2020
Mailing Address 400 N Lee St Ste 500		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 127.40
Candidate Name		Transaction ID : SB17.4417
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	871.35
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 8 OF 9
	<input checked="" type="checkbox"/> 17 <input 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	

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NAME OF COMMITTEE (In Full)
ENRIQUE TARRIO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Merchant Bankcard		M M / D D / Y Y Y Y 05 / 05 / 2020
Mailing Address 400 N Lee St Ste 500		FEC Identification Number
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Payment Processing Fees		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="checkbox"/> 37.40
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4425
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Merchant Bankcard		M M / D D / Y Y Y Y 06 / 05 / 2020
Mailing Address 400 N Lee St Ste 500		FEC Identification Number
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Payment Processing Fees		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="checkbox"/> 37.40
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4432
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Rally.org		M M / D D / Y Y Y Y 06 / 08 / 2020
Mailing Address 995 Market St Floor 2		FEC Identification Number
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Payment Processing Fees		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	<input type="checkbox"/> 43.65
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4457
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="checkbox"/> 118.45
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9			
	<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)
ENRIQUE TARRIO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RFT Action LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2020		
Mailing Address 325 Mirasol Ln			FEC Identification Number C		
City Orlando	State FL	Zip Code 32828	Amount of Each Disbursement this Period 2850.00		
Purpose of Disbursement Campaign Management Services		Category/ Type	Transaction ID : SB17.4426		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
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:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
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).....▶	2850.00
TOTAL This Period (last page this line number only).....▶	3839.80