

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

ANNIE BETANCOURT FOR CONGRESS

ADDRESS (number and street)

1001 Brickell Bay Drive, 9th Floor

Check if different than previously reported. (ACC)

Miami

FL

33131

2. **FEC IDENTIFICATION NUMBER**

C00368546

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 25

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

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 10 01 2001 through 06 30 2002

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 Mr. Antonio L. Argiz

Signature of Treasurer Electronically Filed by Mr. Antonio L. Argiz Date 04 15 2004

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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

ANNIE BETANCOURT FOR CONGRESS

Report Covering the Period: From: ^{M M} 1 0 ^{D D} 0 1 ^{Y Y Y Y} 2 0 0 1 To: ^{V M} 0 8 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 2

	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(a)).....	23632.55	23632.55
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23632.55	23632.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20793.46	20793.46
(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)).....	20793.46	20793.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12839.09	
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).....	10000.00	

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 02/2003)

Page 3

Write or Type Committee Name
ANNIE BETANCOURT FOR CONGRESS

Report Covering the Period: From: ^{M M} 1 0 ^{D J} 0 1 ^{Y Y Y} 2 0 0 1 To: ^{V V} 0 8 ^{U J} 3 0 ^{Y Y Y} 2 0 0 2

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	19384.28	
(i) Itemized (use Schedule A).....	3730.27	
(ii) Unitemized.....		
(iii) TOTAL of contributions	23114.55	23114.55
from individuals..... ▶		
(b) Political Party Committees.....	250.00	250.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	268.00	268.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	23632.55	23632.55
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
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)..... ▶	33632.55	33632.55

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.....	20793.46	20793.46
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
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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)).....	0.00	0.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	20793.46	20793.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	33632.55
25. SUBTOTAL (add Line 23 and Line 24).....	33632.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20793.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12839.09

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	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)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Esther Alvarez		Date of Receipt M / D / Y 03 / 01 / 2002	
Mailing Address 4834 NW 94 Doral Place		Transaction ID: SA11A1.4199	
City State Zip Code Miami FL 33178	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer None	Occupation Housewife	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) B. Ms. Norma I. Barquet		Date of Receipt M / D / Y 06 / 19 / 2002	
Mailing Address 18809 San Diego Blvd.		Transaction ID: SA11A1.4220	
City State Zip Code Lathrup Village MI 48076	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Dade County Public Schools	Occupation Educator	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	300.00		
Full Name (Last, First, Middle Initial) C. Mr. Jorge A. Betancourt		Date of Receipt M / D / Y 05 / 10 / 2002	
Mailing Address 7105 SW 47 Street, Apt 403		Transaction ID: SA11A1.4123	
City State Zip Code Miami FL 33155	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	250.00		

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Wilfredo Borrato		Date of Receipt M / D / Y 05 / 23 / 2002
Mailing Address 241 Harbor Drive		Transaction ID: SA11A1.4143
City Key Biscayne	State FL	Zip Code 33149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Borrato Architecture, P.A.	Occupation Architect	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Joan Marie Butler		Date of Receipt M / D / Y 05 / 20 / 2002
Mailing Address 825 SE 2nd Street		Transaction ID: SA11A1.4133
City Et. Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Housewife	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Miguel De La O		Date of Receipt M / D / Y 06 / 18 / 2002
Mailing Address 37 Bay Heights Drive		Transaction ID: SA11A1.4208
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer De la O & Marco, P. A.	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Leobardo Estrada		Date of Receipt M / D / Y 05 / 10 / 2002
Mailing Address 7326 Trask Avenue		Transaction ID: SA11A1.4121
City	State	Zip Code
Playa del Rey	CA	90283
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of California	Occupation Professor	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Martha F. Galen		Date of Receipt M / D / Y 05 / 22 / 2002
Mailing Address 355 Cocoplum Road		Transaction ID: SA11A1.4139
City	State	Zip Code
Coral Gables	FL	33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Housewife	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Raul Galindo		Date of Receipt M / D / Y 05 / 30 / 2002
Mailing Address 2333 Brickell Avenue		Transaction ID: SA11A1.4296
City	State	Zip Code
Miami	FL	33130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 234.28
Name of Employer Self-Employed	Occupation Restaurant Owner	In-kind -Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 234.28	

SUBTOTAL of Receipts This Page (optional)	1734.28
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Jose Giner		Date of Receipt M / D / Y 03 / 01 / 2002
Mailing Address 553D NW 204 Street		Transaction ID: SA11A1.4195
City	State	Zip Code
Miami	FL	33055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Retail Sales	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Alan Graer		Date of Receipt M / D / Y 06 / 14 / 2002
Mailing Address 224 Ridgewood Road		Transaction ID: SA11A1.4187
City	State	Zip Code
Coral Gables	FL	33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alan C. Graer, Attorney at Law	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Arthur Hartz		Date of Receipt M / D / Y 01 / 18 / 2002
Mailing Address 3195 Ponce de Leon Blvd.		Transaction ID: SA11A1.4102
City	State	Zip Code
Coral Gables	FL	33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wometco Enterprises	Occupation Movie Theater Executive	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Benedict P. Kuehne		Date of Receipt M / D / Y 06 / 26 / 2002
Mailing Address P.O. Box 113405		Transaction ID: SA11A1.4290
City Miami	State FL	Zip Code 33111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. David E. Marko		Date of Receipt M / D / Y 06 / 18 / 2002
Mailing Address 3156 Mary Street, # A		Transaction ID: SA11A1.4222
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer De la O & Marko, P. A.	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Carlos Martinez		Date of Receipt M / D / Y 06 / 14 / 2002
Mailing Address 5754 SW 100 Street		Transaction ID: SA11A1.4209
City Miami	State FL	Zip Code 33158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Caribe Homes	Occupation Developer	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Emilio Martinez		Date of Receipt M / D / Y 06 / 14 / 2002	
Mailing Address 577D SW 100 Street		Transaction ID: SA11A1.4201	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Cariba Homes	Occupation Developer	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) B. Mr. Miguel Olmo		Date of Receipt M / D / Y 03 / 01 / 2002	
Mailing Address 5741 SW 45 Terrace		Transaction ID: SA11A1.4197	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) C. Mr. Ramon F. Dyzan		Date of Receipt M / D / Y 08 / 05 / 2002	
Mailing Address 1000 Parkway Drive		Transaction ID: SA11A1.4157	
City State Zip Code Homestead FL 33035	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Silver Eagle	Occupation Alcoholic Beverage Distributor	Election Cycle-to-Date 2002	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	500.00		

SUBTOTAL of Receipts This Page (optional) **2000.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Rafael Palacios		Date of Receipt M / D / Y 05 / 23 / 2002
Mailing Address 1755 Fairhaven Place		Transaction ID: SA11A1.4141
City Coconut Grove	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer A. Palacios Co.	Occupation Engineer	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard A. Pettigrew		Date of Receipt M / D / Y 06 / 03 / 2002
Mailing Address 1151 Sunset Drive		Transaction ID: SA11A1.4149
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self-Employed	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Antonio Prado		Date of Receipt M / D / Y 04 / 05 / 2002
Mailing Address 6405 SW 50 Street		Transaction ID: SA11A1.4108
City Miami	State FL	Zip Code 33155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hamilton Group	Occupation Developer	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Carolina Rodriguez		Date of Receipt M / D / Y 06 / 20 / 2002
Mailing Address 9195 Arvida Drive		Transaction ID: SA11A1.4311
City	State	Zip Code
Coral Gables	FL	33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Student	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Consuelo Rodriguez		Date of Receipt M / D / Y 06 / 20 / 2002
Mailing Address 9195 Arvida Drive		Transaction ID: SA11A1.4307
City	State	Zip Code
Coral Gables	FL	33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Homemaker	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Georgina Rodriguez		Date of Receipt M / D / Y 06 / 20 / 2002
Mailing Address 701 SW 82 Blvd., Apt M-87		Transaction ID: SA11A1.4313
City	State	Zip Code
Gainesville	FL	33607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Medical Student	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. P. Nelson Rodriguez		Date of Receipt M / D / Y 06 / 20 / 2002
Mailing Address 9195 Arvida Drive		Transaction ID: SA11A1.4309
City Coral Gables	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer P.N.R. Development	Occupation Developer	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Rolando Rodriguez, Jr.		Date of Receipt M / D / Y 06 / 10 / 2002
Mailing Address 2 Calle Candida, Apt 704		Transaction ID: SA11A1.4185
City Condado San Juan	State PR	Zip Code 00907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Doral Finant Plaza	Occupation Banker	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mrs. Batty Sanchez-Agromonte		Date of Receipt M / D / Y 06 / 19 / 2002
Mailing Address 1474 SW 57 Terrace		Transaction ID: SA11A1.4218
City Miami	State FL	Zip Code 33183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Best Efforts	Occupation Best Efforts	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	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)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Benjamin Sardines		Date of Receipt M / D / Y 06 / 03 / 2002	
Mailing Address 3800 Plaza Street		Transaction ID: SA11A1.4147	
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Computer Systems Incorporated Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Computer Salesman Election Cycle-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) B. Ms. Peggy Schwin		Date of Receipt M / D / Y 04 / 12 / 2002	
Mailing Address 10 Edgewater Drive, #4A		Transaction ID: SA11A1.4113	
City State Zip Code Coral Gables FL 33131	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Self-Employed Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Barry S. Scholl		Date of Receipt M / D / Y 05 / 02 / 2002	
Mailing Address 815 NW 57 Avenue, Suite 344		Transaction ID: SA11A1.4119	
City State Zip Code Miami FL 33128	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Self-Employed Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Dentist Election Cycle-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Donald D. Stesnick		Date of Receipt M / D / Y 06 / 14 / 2002
Mailing Address 827 N. Greenway Drive		Transaction ID: SA11A1.4205
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Donald D. Stesnick, Attorney at Law	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert H. Traurig		Date of Receipt M / D / Y 06 / 10 / 2002
Mailing Address 1221 Brickell Avenue		Transaction ID: SA11A1.4181
City Miami	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Attorney	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	19384.28

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
 ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M / D / Y U U / Y Y Y Y 03 / 26 / 2002	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11B.4293	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C C00000835		In-kind - Research Materials Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms Annie Betancourt		Date of Receipt M / D / Y 10 / 05 / 2001
Mailing Address 118D4 SW 100 Terrace		Transaction ID: SA11D.4319
City	State	Zip Code
Miami	FL	33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Candidate	Occupation Candidate	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Ms Annie Betancourt		Date of Receipt M / D / Y 05 / 24 / 2002
Mailing Address 118D4 SW 100 Terrace		Transaction ID: SA11D.4320
City	State	Zip Code
Miami	FL	33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer Candidate	Occupation Candidate	In-kind - Contribution (stamps) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) C. Ms Annie Betancourt		Date of Receipt M / D / Y 08 / 17 / 2002
Mailing Address 118D4 SW 100 Terrace		Transaction ID: SA11D.4324
City	State	Zip Code
Miami	FL	33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer Candidate	Occupation Candidate	In-kind - Contribution (stamps) Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6268.00	

SUBTOTAL of Receipts This Page (optional)	268.00
TOTAL This Period (last page this line number only)	268.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

A. Ms Annie Betancourt Full Name (Last, First, Middle Initial) Mailing Address 118D4 SW 100 Terrace City State Zip Code Miami FL 33176 FEC ID number of contributing federal political committee. C Name of Employer Candidate Occupation Candidate Election Cycle-to-Date ▼ Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Date of Receipt M / D / Y 05 / 31 / 2002 Transaction ID: SA13A.5590 Amount of Each Receipt this Period 6000.00 Loan Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
B. Ms Annie Betancourt Full Name (Last, First, Middle Initial) Mailing Address 118D4 SW 100 Terrace City State Zip Code Miami FL 33176 FEC ID number of contributing federal political committee. C Name of Employer Candidate Occupation Candidate Election Cycle-to-Date ▼ Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Date of Receipt M / D / Y 06 / 18 / 2002 Transaction ID: SA13A.5591 Amount of Each Receipt this Period 4000.00 Loan Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

**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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619612
MD 2400

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2002
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17.5791

Date of Disbursement

04 / 12 / 2002

Amount of Each Disbursement this Period

470.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619612
MD 2400

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: 2002
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17.5793

Date of Disbursement

04 / 12 / 2002

Amount of Each Disbursement this Period

460.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Ms Annie Betancourt

Mailing Address 11804 SW 100 Terrace

City Miami State FL Zip Code 33178

Purpose of Disbursement
Travel Reimbursements

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: X House Senate President
Disbursement For: 2002
X Primary General
Other (specify) ▼

State: FL District 25

Category/
Type

Transaction ID: SB17.4255

Date of Disbursement

04 / 12 / 2002

Amount of Each Disbursement this Period

470.51

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

470.51

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 21 / 29

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Annie Betancourt

Mailing Address 11604 SW 100 Terrace

City Miami State FL Zip Code 33176

Purpose of Disbursement
In-kind - Contribution (stamps)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2002
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4321
Date of Disbursement
05 / 24 / 2002

Amount of Each Disbursement this Period
34.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ms Annie Betancourt

Mailing Address 11604 SW 100 Terrace

City Miami State FL Zip Code 33176

Purpose of Disbursement
In-kind - Contribution (stamps)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2002
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4325
Date of Disbursement
06 / 17 / 2002

Amount of Each Disbursement this Period
34.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Ms. Mayte Canino

Mailing Address 2563 SW 20 Street

City Miami State FL Zip Code 33145

Purpose of Disbursement
Salary

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House Senate President
State: FL District 25

Disbursement For: 2002
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4256
Date of Disbursement
04 / 12 / 2002

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **1568.00**

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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Ms. Mayte Canino

Mailing Address 2553 SW 20 Street

City Miami State FL Zip Code 33145

Purpose of Disbursement
Travel Reimbursement

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4258
Date of Disbursement

04 / 12 / 2002

Amount of Each Disbursement this Period

460.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Ms. Mayte Canino

Mailing Address 2553 SW 20 Street

City Miami State FL Zip Code 33145

Purpose of Disbursement
Salary

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4280
Date of Disbursement

06 / 03 / 2002

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-kind - Research Materials

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17.4294
Date of Disbursement

03 / 26 / 2002

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5710.00

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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Dodd Printers

Mailing Address 7550 W 2 Court

City Hiialeah State FL Zip Code 33014

Purpose of Disbursement
Printing

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2002 Primary General
Other (specify) ▼

State: FL District: 25

Transaction ID: SB17.4253

Date of Disbursement

04 / 08 / 2002

Amount of Each Disbursement this Period

878.63

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Dodd Printers

Mailing Address 7550 W 2 Court

City Hiialeah State FL Zip Code 33014

Purpose of Disbursement
Printing

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2002 Primary General
Other (specify) ▼

State: FL District: 25

Transaction ID: SB17.4259

Date of Disbursement

04 / 08 / 2002

Amount of Each Disbursement this Period

650.72

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Dodd Printers

Mailing Address 7550 W 2 Court

City Hiialeah State FL Zip Code 33014

Purpose of Disbursement
Printing

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2002 Primary General
Other (specify) ▼

State: FL District: 25

Transaction ID: SB17.4263

Date of Disbursement

06 / 14 / 2002

Amount of Each Disbursement this Period

722.07

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2251.42

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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Dodd Printers

Mailing Address 7550 W 2 Court

City Hiialeah State FL Zip Code 33014

Purpose of Disbursement
Printing/Envelopes

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4275

Date of Disbursement

06 / 26 / 2002

Amount of Each Disbursement this Period

332.28

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Mr. Raul Galindo

Mailing Address 2333 Brickell Avenue

City Miami State FL Zip Code 33130

Purpose of Disbursement
In-kind - Contribution

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17.4298

Date of Disbursement

06 / 30 / 2002

Amount of Each Disbursement this Period

234.28

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Ms. Anastasia Garcia

Mailing Address 234 Antigua Avenue

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
In-kind - Contribution

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB17.4301

Date of Disbursement

06 / 30 / 2002

Amount of Each Disbursement this Period

155.27

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

721.83

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)

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

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NAME OF COMMITTEE (In Full)
 ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ms. Maria Herrera

Mailing Address 11445 SW 74 Street

City Miami State FL Zip Code 33173

Purpose of Disbursement
 Printer Cartridge

Candidate Name
 ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: FL District: 25

Category/
 Type

Transaction ID: SB17.4272

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

60.70

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Modern Mailers

Mailing Address 2011 S. Monroe Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
 Newsletter

Candidate Name
 ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: FL District: 25

Category/
 Type

Transaction ID: SB17.4270

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

1150.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Printing Concepts

Mailing Address 3698 NW 18 St., Bay E

City Lauderhill State FL Zip Code 33311

Purpose of Disbursement
 Printing

Candidate Name
 ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2002
 Primary General
 Other (specify) ▼

State: FL District: 25

Category/
 Type

Transaction ID: SB17.4268

Date of Disbursement

06 / 24 / 2002

Amount of Each Disbursement this Period

550.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1760.70

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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Mr. Richard Rosichan

Mailing Address 2060 Alton Road

City State Zip Code
Miami Beach FL 33140

Purpose of Disbursement
Research Consultant

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4281
Date of Disbursement

06 / 13 / 2002

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Stein Jennings Association

Mailing Address P.O. Box 565162

City State Zip Code
Miami FL 33256

Purpose of Disbursement
Political Campaign Consulting/Mailings

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4284
Date of Disbursement

06 / 20 / 2002

Amount of Each Disbursement this Period

3000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address P.O. Box 620547

City State Zip Code
Orlando FL 32862

Purpose of Disbursement
Bank Charge

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District: 25

Category/
Type

Transaction ID: SB17.4304
Date of Disbursement

05 / 06 / 2002

Amount of Each Disbursement this Period

6.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3506.00

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)

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

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NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Tabacalera P. Bello

Mailing Address 1528 SW 8 Street

City Miami State FL Zip Code 33135

Purpose of Disbursement
Promotional Material

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District 25

Category/
Type

Transaction ID: SB17.4266

Date of Disbursement

06 / 20 / 2002

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Tabacalera P. Bello

Mailing Address 1528 SW 8 Street

City Miami State FL Zip Code 33135

Purpose of Disbursement
Promotional Material

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District 25

Category/
Type

Transaction ID: SB17.4274

Date of Disbursement

06 / 26 / 2002

Amount of Each Disbursement this Period

2200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 11100 SW 104 Street

City Miami State FL Zip Code 33178

Purpose of Disbursement
Postage

Candidate Name
ANNIE BETANCOURT FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: FL District 25

Category/
Type

Transaction ID: SB17.4250

Date of Disbursement

12 / 26 / 2001

Amount of Each Disbursement this Period

80.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4780.00

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

20768.46

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 28
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Transaction ID: SC/10.5590

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms Annie Betancourt, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11804 SW 100 Terrace	
City Miami State FL ZIP Code 33176	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	05 th 31 st 2002		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	6000.00
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.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 / 20
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
ANNIE BETANCOURT FOR CONGRESS

Transaction ID: SC/10.5591

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms Annie Betancourt, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11804 SW 100 Terrace	
City Miami State FL ZIP Code 33176	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	06 th 18 th 2002		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	4000.00
TOTALS This Period (last page in this line only)	▶	10000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		