

# 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

David Rivera for Congress

ADDRESS (number and street)

P. O. Box 520633

Check if different than previously reported. (ACC)

Miami

FL

33152

2. FEC IDENTIFICATION NUMBER ▼

C C00477356

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

26

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

11 / 06 /

2012

in the State of

FL

5. Covering Period

M M / D D / Y Y Y Y

10 / 18 /

2012

through

M M / D D / Y Y Y Y

11 / 26 /

2012

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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 06 /

2012

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

Write or Type Committee Name

**David Rivera for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

	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))....	73944.50	619135.88
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73944.50	615585.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	251563.47	660273.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1226.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	251563.47	659046.98
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	10388.09	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	128573.58	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

David Rivera for Congress

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)  through 11 / 26 / 2012 (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
55625.00	430525.00	0.00
<b>(ii) Unitemized</b>		
3819.50	14976.50	200.00
<b>(iii) Total of contributions from individuals</b>		
59444.50	445501.50	200.00
<b>(b) Political Party Committees</b>		
5000.00	5000.00	0.00
<b>(c) Other Political Committees</b>		
9500.00	168634.38	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
73944.50	619135.88	200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	1448.91	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	1226.67	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.09	5.48	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
73944.59	621816.94	200.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 52

Write or Type Committee Name

David Rivera for Congress

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
251563.47	660273.65	7715.07
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	3550.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 52

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	3550.00	0.00
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**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

251563.47	663823.65	7715.07
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

73944.50	615585.88	200.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

251563.47	659046.98	7715.07
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	188006.97
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	73944.59
25. SUBTOTAL (add Line 23 and Line 24).....	261951.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	251563.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	10388.09

**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 7 OF 52
	<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	

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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fausto Alvarez**

Mailing Address 2828 Coral Way, #300

City Miami State FL Zip Code 33145

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

Name of Employer Fausto Alvarez, LLC Occupation accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : C-31-00X901**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roxanne Betancourt**

Mailing Address 18800 N.E. 29th Avenue, #621E

City Aventura State FL Zip Code 33180

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

Name of Employer Grisales-Raxini, Shefer, Hershey Occupation paralegal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : C-99-00W201**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Lourdes Blanco**

Mailing Address 3915 Monserrate Street

City Coral Gables State FL Zip Code 33134

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012

**Transaction ID : C-103-00Mq02**

Amount of Each Receipt this Period  
500.00

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

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

1300.00

**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 8 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Bokor**

Mailing Address 17121 N.E. 11th Avenue

City	State	Zip Code
Miami	FL	33162

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

Name of Employer	Occupation
Southern Snf Management	consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : C-107-00W801**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Bustamante**

Mailing Address 436 N.W. 4th Street

City	State	Zip Code
Miami	FL	33128

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

Name of Employer	Occupation
Centurion Consulting Group	partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : C-123-00WX01**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gustavo Cabrera**

Mailing Address 10944 S.W. 75th Terrace

City	State	Zip Code
Miami	FL	33173

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

Name of Employer	Occupation
Marin & Sons	govt. consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-125-00X301**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00



**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 9 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christina Caicedo**

Mailing Address 2775 N.E. 187th Street, #217

City Aventura	State FL	Zip Code 33180
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FEC ID number of contributing federal political committee. **C**

Name of Employer GRSH, LLP	Occupation paralegal
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2012

**Transaction ID : C-126-00W001**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Lourdes Alard Castillo**

Mailing Address 15821 S.W. 103rd Lane

City Miami	State FL	Zip Code 33196
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2012

**Transaction ID : C-141-00JB01**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Shaun P. Connor**

Mailing Address 8241 S.W. 187th Street

City Miami	State FL	Zip Code 33157
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		01		2012

**Transaction ID : C-162-00Wp01**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 10 OF 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Cordero**

Mailing Address 697 N. Miami Avenue, #1

City Miami State FL Zip Code 33136

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

Name of Employer self-employed Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-165-00Wm01**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Enrique N. Cusco**

Mailing Address 2525 Ponce De Leon Blvd., #250

City Coral Gables State FL Zip Code 33134

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

Name of Employer IVC Television Occupation president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-174-00WO01**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ana Maria De La Fe**

Mailing Address 1425 Brickell Avenue, #52B

City Miami State FL Zip Code 33131

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

Name of Employer Sothby's International Realty Occupation realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2012

**Transaction ID : C-182-00Ps02**

Amount of Each Receipt this Period  
500.00

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

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

3250.00

**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 11 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Del Pino**

Mailing Address 7791 N.W. 46th Street, #428

City Doral	State FL	Zip Code 33166
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FEC ID number of contributing federal political committee. **C**

Name of Employer Venetian Title Services	Occupation attorney
---	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2012

**Transaction ID : C-189-00X401**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nelson D. Diaz**

Mailing Address 3038 Matilda Street

City Miami	State FL	Zip Code 33133
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FEC ID number of contributing federal political committee. **C**

Name of Employer Becker and Poliakoff	Occupation attorney
--	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2012

**Transaction ID : C-203-00Ch03**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Remedios Diaz**

Mailing Address One Grove Isle Drive, #1701

City Coconut Grove	State FL	Zip Code 33133
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FEC ID number of contributing federal political committee. **C**

Name of Employer All American Containers	Occupation president
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2012

**Transaction ID : C-204-00K802**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

**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 12 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rosa M. Diaz**

Mailing Address 9817 S.W. 58th Street

City Miami State FL Zip Code 33173

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

Name of Employer All American Containers Occupation executive assistant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-205-00WM01**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeanette C. Dousdebes**

Mailing Address 6060 S.W. 13th Street

City Miami State FL Zip Code 33144

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

Name of Employer n/a Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : C-208-00XB01**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mario L. Echevarria**

Mailing Address 399 Golden Beach Drive

City Golden Beach State FL Zip Code 33160

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

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : C-215-00VF02**

Amount of Each Receipt this Period  
 50.00

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

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

1550.00

**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 13 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norma E. Eden**

Mailing Address 9415 S.W. 144th Street

City Miami State FL Zip Code 33176

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

Name of Employer n/a Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : C-216-00LW02**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alberto Escudero**

Mailing Address 1357 Ashford Avenue, #299

City San Juan State PR Zip Code 00907

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

Name of Employer ISA Corporation Occupation consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : C-219-00Wj01**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Maria Farshchian**

Mailing Address 9821 E. Broadview Drive

City Bay Harbor Islands State FL Zip Code 33154

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

Name of Employer Ctr. for Regenerative Medicine Occupation manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : C-231-00Rh02**

Amount of Each Receipt this Period  
 500.00

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

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

4000.00

**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 14 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert H. Fernandez**

Mailing Address 800 S. Douglas Road, #850

City	State	Zip Code
Coral Gables	FL	33134

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

Name of Employer	Occupation
Robert H. Fernandez, P.A.	attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-239-00Wn02**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard A. Flores**

Mailing Address 9817 S.W. 58th Street

City	State	Zip Code
Miami	FL	33173

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

Name of Employer	Occupation
All American Containers	administrator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-244-00WN01**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jose Fuentes**

Mailing Address 308 Riverview Avenue

City	State	Zip Code
Annapolis	MD	21403

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

Name of Employer	Occupation
Eastport Strategies, LLC	attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : C-260-00EJ04**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 15 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Horacio Garcia**

Mailing Address 8390 N.W. 53rd Street

City Miami State FL Zip Code 33166

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

Name of Employer self-employed Occupation restaurateur

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-267-00K602**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rafael A. Garcia-Toledo**

Mailing Address 5050 Granada Blvd.

City Coral Gables State FL Zip Code 33146

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

Name of Employer G-T Construction Group Occupation president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012

**Transaction ID : C-277-004E06**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Karyna Gonzalez-Rabagh**

Mailing Address 9040 S.W. 48th Street

City Miami State FL Zip Code 33165

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

Name of Employer GRSH Law Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012

**Transaction ID : C-292-00TR02**

Amount of Each Receipt this Period  
150.00

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

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

3150.00

**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 16 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Oscar Grisales**

Mailing Address 2999 N.E. 191st Street, #8

City Miami	State FL	Zip Code 33180
---------------	-------------	-------------------

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

Name of Employer GRSH Law	Occupation attorney
------------------------------	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2012

**Transaction ID : C-303-00Ta2**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alejandro A. Hanna**

Mailing Address 13630 S.W. 97th Avenue

City Miami	State FL	Zip Code 33176
---------------	-------------	-------------------

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

Name of Employer Law Offices of Alex A. Hanna	Occupation attorney
--	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2012

**Transaction ID : C-316-00Vw01**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alberto M. Hernandez**

Mailing Address 2695 A. Lejeune Road, 3rd Floor

City Coral Gables	State FL	Zip Code 33134
----------------------	-------------	-------------------

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

Name of Employer South Florida Medical Group	Occupation physician
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		23		2012

**Transaction ID : C-318-00Wl01**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00



**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 17 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roy Hinman**

Mailing Address 100 Arricola Avenue

City St. Augustine State FL Zip Code 32080

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

Name of Employer Island Doctors Occupation physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-324-00WJ01**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ricardo Irizarry**

Mailing Address 7405 W. 16th Avenue

City Hialeah State FL Zip Code 33014

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

Name of Employer Occupation educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : C-349-00Md03**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Carlos A. Jimenez**

Mailing Address 127 Grand Avenue

City Coral Gables State FL Zip Code 33133

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

Name of Employer Prime State Public Adjusters Occupation owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : C-355-00XD01**

Amount of Each Receipt this Period  
500.00

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

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

3100.00

**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 18 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gus Machado**

Mailing Address 1200 W. 49th Street

City State Zip Code  
Hialeah FL 33012

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

Name of Employer Occupation  
Gus Machado Enterprises president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-400-00P102**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nestor J. Machado**

Mailing Address 7401 Vistalmar Street

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Occupation  
self-employed real estate developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2012

**Transaction ID : C-401-00K702**

Amount of Each Receipt this Period  
1200.00

**C.** Full Name (Last, First, Middle Initial)  
**Nestor J. Machado**

Mailing Address 7401 Vistalmar Street

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Occupation  
self-employed real estate developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2012

**Transaction ID : C-402-00K703**

Amount of Each Receipt this Period  
1300.00

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

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

3500.00

**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 19 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy E. Maidique**

Mailing Address 11045 Girasol Avenue

City Coral Gables	State FL	Zip Code 33156
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FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation homemaker
-------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : C-405-004804**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roly Marante**

Mailing Address 1801 N.W. 125th Terrace

City Pembroke Pines	State FL	Zip Code 33028
------------------------	-------------	-------------------

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

Name of Employer Marante Strategy Group	Occupation corporate/public affairs
--	--

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : C-411-00WI01**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Marta Martinez**

Mailing Address 14040 S.W. 132nd Avenue

City Miami	State FL	Zip Code 33186
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FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantis Title Company	Occupation owner
--	---------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-418-00Wr01**

Amount of Each Receipt this Period  
500.00

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

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

3300.00

**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 20 OF 52
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>Lori Mestre</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 14520 S.W. 153rd Terrace		<b>Transaction ID : C-434-00X801</b>
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Citrus Health	Occupation social worker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Chris Meszler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 300 Blazing Meadows		<b>Transaction ID : C-435-00Wz01</b>
City Spring Branch	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Millenium Design Consultants	Occupation civil engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Donna E. Milo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address 738 N.E. 75th Street		<b>Transaction ID : C-441-00Wh01</b>
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Falcon Consulting	Occupation consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 21 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wanda J. Moreta**

Mailing Address 8400 S.W. 133rd Avenue Road, #222

City	State	Zip Code
Miami	FL	33183

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

Name of Employer	Occupation
Women in National & Intl. Trade	president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : C-451-00Uo03**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos Nunez**

Mailing Address 1551 Bird Road

City	State	Zip Code
Coral Gables	FL	33146

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

Name of Employer	Occupation
Leon Medical Center	vice-president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-497-00Wv01**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Raul L. Nunez**

Mailing Address 12200 S.W. 117th Avenue

City	State	Zip Code
Miami	FL	33186

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

Name of Employer	Occupation
A+ Mini Storage	owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-499-00Kk03**

Amount of Each Receipt this Period  
1500.00

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

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

4025.00

**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 22 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susana Ochoa**

Mailing Address 14203 Alamanda Avenue

City State Zip Code  
Miami Lakes FL 33014

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-503-00Ws01**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Eric C. Padron**

Mailing Address 2451 Brickell Avenue, #14L

City State Zip Code  
Miami FL 33129

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

Name of Employer Occupation  
Eric C. Padron, P.A. attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-509-00Wx01**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eric Pineres**

Mailing Address 8241 S.W. 187th Street

City State Zip Code  
Cutler Bay FL 33157

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-534-00Wq01**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

**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 23 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sergio Pino**

Mailing Address 398 Isla Dorada Blvd.

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

Name of Employer Century Builders Group	Occupation c.e.o.
--	----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-536-00L203**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Pinsky**

Mailing Address 811 Forest Hill Blvd.

City West Palm Beach	State FL	Zip Code 33405
-------------------------	-------------	-------------------

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

Name of Employer Pinsky Consulting Group	Occupation consultant
---	--------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : C-538-006Z04**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Anolan Ponce**

Mailing Address 188 Isla Dorada Blvd.

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

Name of Employer Fam Warehouse Corp.	Occupation president
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-540-00KI02**

Amount of Each Receipt this Period  
2500.00

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

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

5000.00

**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 24 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Manuel Prieguez**

Mailing Address 4000 Malaga Avenue

City State Zip Code  
Coconut Grove FL 33133

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

Name of Employer Occupation  
Miami Municipal Strategies govt. consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C-546-00A203**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Juan F. Puig**

Mailing Address 8015 Los Pinos Blvd.

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Occupation  
Virtual Imaging Investments, Inc. president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : C-551-00XA01**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Oscar Puig-Corve**

Mailing Address 5232 N.W. 112th Place

City State Zip Code  
Doral FL 33178

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

Name of Employer Occupation  
Joy Aviation Corporation president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2012

**Transaction ID : C-552-00XF01**

Amount of Each Receipt this Period  
500.00

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

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

3000.00



**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 25 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gianfranco Puppio**

Mailing Address 6200 Rolling Road Drive

City State Zip Code  
Pinecrest FL 33156

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

Name of Employer Occupation  
n/a student

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : C-553-00Vy01**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gianfranco Puppio**

Mailing Address 6200 Rolling Road Drive

City State Zip Code  
Pinecrest FL 33156

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

Name of Employer Occupation  
n/a student

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : C-554-00Vy02**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**James J. Reeves**

Mailing Address 730 Bayfront Parkway, #4B

City State Zip Code  
Pensacola FL 32501

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

Name of Employer Occupation  
self-employed attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-563-00Wy01**

Amount of Each Receipt this Period  
250.00

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

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

700.00

**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 26 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Madeline M. Rodriguez**

Mailing Address 10395 N.W. 46th Street

City Doral	State FL	Zip Code 33178
---------------	-------------	-------------------

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

Name of Employer n/a	Occupation homemaker
-------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : C-585-00W901**

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
**Liliana F. Ros**

Mailing Address 5708 N.W. 5th Street

City Miami	State FL	Zip Code 33126
---------------	-------------	-------------------

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

Name of Employer n/a	Occupation retired
-------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2012

**Transaction ID : C-590-00S703**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Roberto Sequeira**

Mailing Address 110 E. Sunrise Avenue

City Coral Gables	State FL	Zip Code 33133
----------------------	-------------	-------------------

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

Name of Employer Heery International, Inc.	Occupation architect
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

**Transaction ID : C-616-00Wt01**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

**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 27 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nera Shefer**

Mailing Address 2999 N.E. 191st Street, #PH8

City State Zip Code  
Aventura FL 33180

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

Name of Employer Occupation  
GRSH Law attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2012

**Transaction ID : C-620-00Tb04**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard F. Sherman**

Mailing Address 202 Schooner Lane

City State Zip Code  
Duck Key FL 33050

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

Name of Employer Occupation  
self-employed investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C-622-00Sr02**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert A. Spottswood**

Mailing Address 506 Fleming Street

City State Zip Code  
Key West FL 33040

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

Name of Employer Occupation  
Spottswood Companies, Inc. president

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2012

**Transaction ID : C-635-00Sy02**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

55625.00

**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 28 OF 52
	<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)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Republican Party of Miami Dade County**

Mailing Address 1460 N.W. 107 Avenue, #P

City Doral State FL Zip Code 33172

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : C-566-00Wk01**

Amount of Each Receipt this Period  
5000.00

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

5000.00

5000.00

**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 29 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Branch Bank & Trust PAC**

Mailing Address P. O. Box 1290

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00075291

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-118-00Wo1**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Chesapeake Energy Corporation PAC**

Mailing Address P. O. Box 18496

City State Zip Code  
Oklahoma City OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C-151-00X001**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Natl. Assn. of Health Underwriters PAC**

Mailing Address 1212 New York Avenue, N.W., #1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : C-478-00Wi1**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

**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 30 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Transport Workers Union Pol Contrib Comm**

Mailing Address 501 3rd Street, N.W. 9th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : C-649-00X101**

Amount of Each Receipt this Period  
2500.00

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

2500.00

9500.00

**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 31 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Rivera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Bank of Tampa**

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5.48**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : C-89-007r0V**

Amount of Each Receipt this Period  
**0.09**

**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

**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

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

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

**0.09**

**0.09**

**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 32 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ai Advisory, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address 131 Madeira Avenue		Amount of Each Disbursement this Period <b>375.42</b> <b>Transaction ID : D19-00V302</b>
City Coral Gables	State FL	
Zip Code 33134	Purpose of Disbursement telephone calls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ai Advisory, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address 131 Madeira Avenue		Amount of Each Disbursement this Period <b>1774.68</b> <b>Transaction ID : D20-00V303</b>
City Coral Gables	State FL	
Zip Code 33134	Purpose of Disbursement telephone calls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Bank of Tampa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address P. O. Box 1		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : D45-007r10</b>
City Tampa	State FL	
Zip Code 33601	Purpose of Disbursement service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2170.10</b>
<b>TOTAL</b> 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 33 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00 <b>Transaction ID : D46-007r11</b>
City Tampa	State FL	Zip Code 33601	
Purpose of Disbursement service charge		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00 <b>Transaction ID : D47-007r12</b>
City Tampa	State FL	Zip Code 33601	
Purpose of Disbursement service charge		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00 <b>Transaction ID : D48-007r13</b>
City Tampa	State FL	Zip Code 33601	
Purpose of Disbursement service charge		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	60.00
<b>TOTAL</b> 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 34 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012	
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00	
City Tampa	State FL	Zip Code 33601	Transaction ID : D49-007r14	
Purpose of Disbursement service charge		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00	
City Tampa	State FL	Zip Code 33601	Transaction ID : D50-007r15	
Purpose of Disbursement service charge		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. The Bank of Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012	
Mailing Address P. O. Box 1			Amount of Each Disbursement this Period 20.00	
City Tampa	State FL	Zip Code 33601	Transaction ID : D51-007r16	
Purpose of Disbursement service charge		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<b>TOTAL</b> 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 35 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Communication Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>2665 S.W. 37th Avenue, #504</b>		Amount of Each Disbursement this Period <b>12856.25</b> <b>Transaction ID : D77-00JF0B</b>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33133</b>	Purpose of Disbursement <b>media placement</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Communication Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>2665 S.W. 37th Avenue, #504</b>		Amount of Each Disbursement this Period <b>36087.50</b> <b>Transaction ID : D78-00JF0C</b>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33133</b>	Purpose of Disbursement <b>media placement</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Communication Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>2665 S.W. 37th Avenue, #504</b>		Amount of Each Disbursement this Period <b>4820.00</b> <b>Transaction ID : D79-00JF0D</b>
City <b>Miami</b> State <b>FL</b> Zip Code <b>33133</b>	Purpose of Disbursement <b>media placement</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>53763.75</b>
<b>TOTAL</b> 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 36 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Communication Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 2665 S.W. 37th Avenue, #504		Amount of Each Disbursement this Period 27370.00 <b>Transaction ID : D80-00JF0E</b>
City Miami State FL Zip Code 33133	Purpose of Disbursement media placement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Communication Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 2665 S.W. 37th Avenue, #504		Amount of Each Disbursement this Period 13177.50 <b>Transaction ID : D81-00JF0F</b>
City Miami State FL Zip Code 33133	Purpose of Disbursement media placement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier R. Correoso</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 8831 S.W. 58th Street		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : D90-008c0E</b>
City Miami State FL Zip Code 33173	Purpose of Disbursement campaign consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44547.50
<b>TOTAL</b> 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 37 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alter Gambarte</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012	
Mailing Address 2347 N.E. 172nd Street			Amount of Each Disbursement this Period 1500.00	
City North Miami Beach	State FL	Zip Code 33160	Transaction ID : D201-00V702	
Purpose of Disbursement campaign consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mentzer Media Services, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 600 Fairmount Avenue, #306			Amount of Each Disbursement this Period 30000.00	
City Towson	State MD	Zip Code 21286	Transaction ID : D259-00Up03	
Purpose of Disbursement media placement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mentzer Media Services, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012	
Mailing Address 600 Fairmount Avenue, #306			Amount of Each Disbursement this Period 50000.00	
City Towson	State MD	Zip Code 21286	Transaction ID : D260-00Up04	
Purpose of Disbursement media placement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81500.00
<b>TOTAL</b> 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 38 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patton Boggs, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 2550 M Street, N.W.		Amount of Each Disbursement this Period 2006.00 <b>Transaction ID : D299-00AA0W</b>
City Washington	State DC	
Zip Code 20037	Purpose of Disbursement legal services	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 4400 N. Point Parkway, #190		Amount of Each Disbursement this Period 5844.17 <b>Transaction ID : D328-00JY08</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement direct mail services	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 4400 N. Point Parkway, #190		Amount of Each Disbursement this Period 14247.36 <b>Transaction ID : D329-00JY09</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement direct mail services	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22097.53
<b>TOTAL</b> 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 39 OF 52		
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 4400 N. Point Parkway, #190		Amount of Each Disbursement this Period 16111.92 <b>Transaction ID : D330-00JY0A</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement direct mail services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 4400 N. Point Parkway, #190		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D331-00JY0B</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 4400 N. Point Parkway, #190		Amount of Each Disbursement this Period 4570.27 <b>Transaction ID : D332-00JY0C</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement direct mail services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22682.19
<b>TOTAL</b> 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 40 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 4400 N. Point Parkway, #190			Amount of Each Disbursement this Period 9023.00 <b>Transaction ID : D333-00JY0D</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement direct mail services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 4400 N. Point Parkway, #190			Amount of Each Disbursement this Period 2550.00 <b>Transaction ID : D334-00JY0E</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement printing		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 4400 N. Point Parkway, #190			Amount of Each Disbursement this Period 5215.50 <b>Transaction ID : D335-00JY0F</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement direct mail services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16788.50
<b>TOTAL</b> 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 41 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sumner360</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2012</b>
Mailing Address <b>3130 38th Street, N.W.</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20016</b>	Purpose of Disbursement <b>fundraising consulting</b>	<b>Transaction ID : D345-00Ri0B</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>P. O. Box 30131</b>		Amount of Each Disbursement this Period <b>1228.72</b>
City <b>Tampa</b>	State <b>FL</b>	
Zip Code <b>33630</b>	Purpose of Disbursement <b>see memo entries</b>	<b>Transaction ID : D401-00CC0r</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. BuildASign.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 25 / 2012</b>
Mailing Address <b>11525A Stonehollow Drive, #100</b>		Amount of Each Disbursement this Period <b>403.32</b>
City <b>Austin</b>	State <b>TX</b>	
Zip Code <b>78758</b>	Purpose of Disbursement <b>signs</b>	<b>Transaction ID : D1-00XI01</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM] Credit Card Item</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2728.72</b>
<b>TOTAL</b> 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 42 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20003	Purpose of Disbursement food & beverage	Transaction ID : D2-00Bu04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Landmark Aviation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 14150 S.W. 129th Street		Amount of Each Disbursement this Period 218.23
City Miami State FL Zip Code 33186	Purpose of Disbursement transportation	Transaction ID : D5-00Tk04
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Landmark Aviation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 14150 S.W. 129th Street		Amount of Each Disbursement this Period 173.88
City Miami State FL Zip Code 33186	Purpose of Disbursement transportation	Transaction ID : D6-00Tk05
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 43 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Miami Wireless, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 12843 S.W. 42nd Street		Amount of Each Disbursement this Period 106.00
City Miami State FL Zip Code 33175	Purpose of Disbursement telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D7-00XG01  [MEMO ITEM] Credit Card Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Miami Wireless, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 12843 S.W. 42nd Street		Amount of Each Disbursement this Period 106.00
City Miami State FL Zip Code 33175	Purpose of Disbursement telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D8-00XG02  [MEMO ITEM] Credit Card Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 251 Valencia Avenue		Amount of Each Disbursement this Period 92.50
City Coral Gables State FL Zip Code 33134	Purpose of Disbursement postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D9-008L0E  [MEMO ITEM] Credit Card Item
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 44 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1050.65
City Tampa	State FL	
Zip Code 33630	Purpose of Disbursement see memo entries	<b>Transaction ID : D402-00CC0s</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address P. O. Box 6463		Amount of Each Disbursement this Period 229.58
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement telephone	<b>Transaction ID : D1-00Qd08</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 24.92
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	<b>Transaction ID : D2-00CF2C</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.65
<b>TOTAL</b> 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 45 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 24.92
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D3-00CF2D</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 47.15
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D4-00CF2E</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 29.38
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D5-00CF2F</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 46 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 24.92
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D6-00CF2G</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 25.37
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D7-00CF2H</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 50.74
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D8-00CF2I</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 47 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 25.37
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D9-00CF2J</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 25.37
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D10-00CF2K</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address P. O. Box 660481		Amount of Each Disbursement this Period 25.37
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement delivery	Transaction ID : <b>D11-00CF2L</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Credit Card Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 48 OF 52			
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. MailChimp.com</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 512 Means Street, #404		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30318	Purpose of Disbursement email marketing	
Candidate Name	Category/Type	<b>Transaction ID : D12-00I70P</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address P. O. Box 105243		Amount of Each Disbursement this Period 243.49
City Atlanta State GA Zip Code 30348	Purpose of Disbursement telephone	
Candidate Name	Category/Type	<b>Transaction ID : D13-00BL0I</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

Full Name (Last, First, Middle Initial) <b>c. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2012
Mailing Address P. O. Box 105243		Amount of Each Disbursement this Period 224.07
City Atlanta State GA Zip Code 30348	Purpose of Disbursement telephone	
Candidate Name	Category/Type	<b>Transaction ID : D14-00BL0J</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 52	
	<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)  
**David Rivera for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period 3000.00	
City Tampa	State FL	Zip Code 33606	Transaction ID : D431-00DH0W	
Purpose of Disbursement accounting services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. eDonations.com</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address 117 N. Saint Asaph Street			Amount of Each Disbursement this Period 740.46	
City Alexandria	State VA	Zip Code 22314	Transaction ID : D449-000d0R	
Purpose of Disbursement online fundraising		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3740.46
<b>TOTAL</b> This Period (last page this line number only).....	251189.40

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

NAME OF COMMITTEE (In Full) **David Rivera for Congress** Transaction ID : **SC24**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David Rivera</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address P. O. Box 520633		

City	State	ZIP Code
Miami	FL	33152

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 / 10 / 2010	05 / 10 / 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	6000.00
<b>TOTALS</b> This Period (last page in this line only).....	6000.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**David Rivera for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capital Strategies DC, LLC</b>		Nature of Debt (Purpose): fundraising consulting
Mailing Address P. O. Box 1605		
City	State	Zip Code
Alexandria	VA	22313

Outstanding Balance Beginning This Period	<b>Transaction ID : 20</b>	
<input type="text" value="24352.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="24352.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Victory Group, Inc.</b>		Nature of Debt (Purpose): media expense
Mailing Address 122- Hillshire Road		
City	State	Zip Code
Baltimore	MD	21222

Outstanding Balance Beginning This Period	<b>Transaction ID : 22</b>	
<input type="text" value="79221.08"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="79221.08"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Factor, Inc.</b>		Nature of Debt (Purpose): media consulting
Mailing Address 501 Brickell Key Drive, #602		
City	State	Zip Code
Miami	FL	33131

Outstanding Balance Beginning This Period	<b>Transaction ID : 24</b>	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="108573.58"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**David Rivera for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GF Strategies, LLC</b>		Nature of Debt (Purpose): fundraising consulting-G2010
Mailing Address 3720 39th Street, N.W., #163-A		
City State	Zip Code	
Washington	DC	20016

Outstanding Balance Beginning This Period	<b>Transaction ID : 34</b>	
<input type="text" value="14000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="14000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="14000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="122573.58"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="6000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="128573.58"/>