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FEC MAIL CENTER

August 19, 2014

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

Filing of Forms 2 and Form 1

We have included the following forms:

- Form 2: Statement of Candidacy for Miguel Hernandez Vivoni
- Form 1: Statement of Organization for Hernandez Vivoni, Inc.

Cordially,



Raul Maldonado, Esq., CPA
Treasurer
787-613-7577
amigosmhv@gmail.com

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

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1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Hernandez Vivonjilinic

ADDRESS (number and street) (Check if address
is changed)

Marigianall Summit Hills

San Juan P.R. 00920-
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

lamingosmhi@ymail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE / /

3. FEC IDENTIFICATION NUMBER ►

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Raúl Maldonado

Signature of Treasurer

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

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

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate

Miguel Hernández Vivoni

Candidate Party Affiliation

P.N.P

Office Sought:



House



Senate



President

State

P.R

District

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

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

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

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

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

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

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

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

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

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

[REDACTED]
[REDACTED]

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE

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

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

Full Name Raul MaldonadoMailing Address Po Box 9023521
[REDACTED]
San Juan [REDACTED] [P.R] [REDACTED] [REDACTED]

Title or Position CITY STATE ZIP CODE

[REDACTED] Telephone number 787-613-7577

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

Full Name of Treasurer Raul MaldonadoMailing Address Po Box 9023521
[REDACTED]
San Juan [REDACTED] [P.R] [REDACTED] [REDACTED]

Title or Position CITY STATE ZIP CODE

[REDACTED] Telephone number 787-613-7577

Full Name of
Designated
Agent

Ricardo Maldonado

Mailing Address

P.O. Box 9023521

San Juan

CITY

STATE

P.R. 00902-3521

ZIP CODE

Title or Position

Treasurer

Telephone number

787-613-7577

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

Name of Bank, Depository, etc.

Dominican Bank

Mailing Address

P.O. Box 70308

San Juan

CITY

STATE

P.R. 00913-68308

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

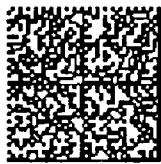
CITY

STATE

ZIP CODE

FORM 1200-0715

Waldor	Box	Juan PR, 00902-3521
		78010 2780 0000 0000 0000 0000



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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C) 8/22/14
<input type="checkbox"/>	USPS Priority Mail	Postmarked
<input type="checkbox"/>	USPS Priority Mail Express	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
		8/27/14
PREPARER (8/2013)		DATE PREPARED