

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Salazar for Congress			
ADDRESS (number and street) PO Box 431332			
CITY Miami		STATE FL	ZIP CODE 33243
2. NAME OF CANDIDATE Salazar, Maria, Elvira, ,		3. OFFICE SOUGHT (State and District) House FL 27	
4. FEC IDENTIFICATION NUMBER C00714261			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME ADELSON, MIRIAM, , DR.,			
MAILING ADDRESS 410 S RAMPART BLVD SUITE 440		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	
CITY LAS VEGAS	STATE NV	ZIP CODE 89145-5749	Date (month, day, year) 08/04/2020
		Transaction ID : TX13846	
		Occupation INFORMATION REQUESTED PER BI	
Amount 2800.00			
B. FULL NAME ADELSON, MIRIAM, , DR.,			
MAILING ADDRESS 410 S RAMPART BLVD SUITE 440		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	
CITY LAS VEGAS	STATE NV	ZIP CODE 89145-5749	Date (month, day, year) 08/04/2020
		Transaction ID : TX13847	
		Occupation INFORMATION REQUESTED PER BI	
Amount 2800.00			
C. FULL NAME ADELSON, SHELDON, G., ,			
MAILING ADDRESS 410 S RAMPART BLVD SUITE 440		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	
CITY LAS VEGAS	STATE NV	ZIP CODE 89145-5749	Date (month, day, year) 08/04/2020
		Transaction ID : TX13848	
		Occupation INFORMATION REQUESTED PER BI	
Amount 2800.00			
D. FULL NAME ADELSON, SHELDON, G., ,			
MAILING ADDRESS 410 S RAMPART BLVD SUITE 440		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	
CITY LAS VEGAS	STATE NV	ZIP CODE 89145-5749	Date (month, day, year) 08/04/2020
		Transaction ID : TX13849	
		Occupation INFORMATION REQUESTED PER BI	
Amount 2800.00			
E. FULL NAME GUERRA, VIVIAN, , ,			
MAILING ADDRESS 4851 SW 74 TERR		Name of Employer OSCAR R. GUERRA, M.D., P.A.	
CITY MIAMI	STATE FL	ZIP CODE 33143-	Date (month, day, year) 08/05/2020
		Transaction ID : TX13854	
		Occupation ACCOUNTANT	
Amount 1000.00			
SIGNATURE (optional) Kilgore, Paul, , ,			DATE 08/05/2020
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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1. NAME OF COMMITTEE IN FULL Salazar for Congress			
ADDRESS (number and street) PO Box 431332			
CITY, STATE, and ZIP CODE Miami FL 33243			
2. NAME OF CANDIDATE Salazar, Maria, Elvira, ,		3. OFFICE SOUGHT (State and District) House FL 27	
4. FEC IDENTIFICATION NUMBER C00714261		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE GUERRA, VIVIAN, , , 4851 SW 74 TERR MIAMI FL 33143-	Name of Employer OSCAR R. GUERRA, M.D., P.A. Transaction ID : TX13855 Occupation ACCOUNTANT	Date (month, day, year) 08/05/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE MENDEZ, RAFAEL, , , 74 RARITAN REACH ROAD SOUTH AMBOY NJ 08879-	Name of Employer TROPICAL CHEESE INDUSTRIES, INC. Transaction ID : TX13853 Occupation PRESIDENT	Date (month, day, year) 08/05/2020	Amount 5000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount