

# 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

Salazar for Congress

ADDRESS (number and street)

PO Box 431332

Check if different than previously reported. (ACC)

Miami

FL

33243

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00714261

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

27

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on  /  /  in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Kilgore, Paul, , ,

Type or Print Name of Treasurer

Kilgore, Paul, , ,

Signature of Treasurer

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Salazar for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	314968.19	769271.19
(b) Total Contribution Refunds (from Line 20(d)) .....	2800.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	312168.19	766471.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	133765.28	149693.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	133765.28	149693.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	716777.20	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Salazar for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	255133.33	685033.33
(ii) Unitemized.....	10834.86	20212.86
(iii) TOTAL of contributions from individuals ▶	265968.19	705246.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	49000.00	64000.00
(d) The Candidate.....	0.00	25.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	314968.19	769271.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	50000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	364968.19	869271.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	133765.28	149693.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2800.00	2800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2800.00	2800.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	136565.28	152493.99

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	488374.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	364968.19
25. SUBTOTAL (add Line 23 and Line 24).....	853342.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	136565.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	716777.20

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

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

FOR LINE NUMBER: PAGE 5 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILSEY, DIANE, B., MS.,**  
Mailing Address 2590 JACKSON ST

City SAN FRANCISCO	State CA	Zip Code 94115-1121
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FEC ID number of contributing federal political committee. **C**

Name of Employer A WILSEY PROPERTIES CO	Occupation OWNER/CEO
--	-------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11A.1704**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALFONSO, JORGE, , MR.,**  
Mailing Address 5747 S WEST 32 ST

City MIAMI	State FL	Zip Code 33155-4019
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation INSURANCE AGENT
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : SA11A.1533**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALVAREZ, MAXIMO, , MR.,**  
Mailing Address 4834 NW 94TH DORAL PL

City MIAMI	State FL	Zip Code 33178-2046
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FEC ID number of contributing federal political committee. **C**

Name of Employer SUNSHINE GASOLINE	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1666**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	6600.00
<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: PAGE 6 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANDERSON, RICHARD, P., MR.,**  
Mailing Address 4603 SANTA MARIA ST

City: CORAL GABLES State: FL Zip Code: 33146-1132

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 20 / 2019  
**Transaction ID : SA11A.1674**

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARRIOLA, CARLOS, R., MR.,**  
Mailing Address 60 EDGEWATER DR #8A

City: CORAL GABLES State: FL Zip Code: 33133-6973

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 22 / 2019  
**Transaction ID : SA11A.1255**

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BAER, ROBERT, A., MR.,**  
Mailing Address 4101 SANTA MARIA ST

City: CORAL GABLES State: FL Zip Code: 33146-1122

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

Name of Employer: INFORMATION REQUESTED PER BEST EFF Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 22 / 2019  
**Transaction ID : SA11A.1273**

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BAJANDAS, RICARDO, , MR.,**

Mailing Address 1233 ALEGRIANO AVE

City CORAL GABLES State FL Zip Code 33146-1105

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

Name of Employer PBYA Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 13 2019

Transaction ID : SA11A.1528

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BERNHEIM, MELLISSA, L., MS.,**

Mailing Address 8002 PONCE DE LEON RD

City MIAMI State FL Zip Code 33143-8619

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 01 2019

Transaction ID : SA11A.1338

Amount of Each Receipt this Period  
- 2500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BUSTAMANTE, GABRIEL, M., ,**

Mailing Address 1210 PLACETAS AVE

City CORAL GABLES State FL Zip Code 33146-3243

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

Name of Employer BAYSHORE WEALTH ADVISORS Occupation FINANCIAL ADVISOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 22 2019

Transaction ID : SA11A.1261

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

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

- 500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CANTO, ROBERTO, J., MR.,**  
Mailing Address 4980 PINE DRIVE

City MIAMI	State FL	Zip Code 33143-8519
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FEC ID number of contributing federal political committee. **C**

Name of Employer PINE TREE EQUITY PARTNERS	Occupation INVESTMENTS/ MANAGING DIRECTOR
---	--

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11A.1705**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARBALLEIRA, ALBERTO, , MR.,**  
Mailing Address 607 SW 130TH PL

City MIAMI	State FL	Zip Code 33184-1261
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FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTOR INSURANCE ONE	Occupation PRESIDENT
--	-------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : SA11A.1524**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CASAS, RAMON, , ,**  
Mailing Address 461 SAN JUAN DR

City CORAL GABLES	State FL	Zip Code 33143-6365
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FEC ID number of contributing federal political committee. **C**

Name of Employer WRAGS & CASAS	Occupation PUBLIC REALTIONS
-----------------------------------	--------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : SA11A.1440**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3250.00
<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: PAGE 9 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CERVERA, JAVIER, , ,**

Mailing Address 8490 SW 53 CT

City MIAMI	State FL	Zip Code 33143-8416
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FEC ID number of contributing federal political committee. **C**

Name of Employer CERVERA REVENTURES	Occupation PRINCIPAL
--	-------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1640**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COUTO, RONALDO, A., MR.,**

Mailing Address 2924 W WILDER AVE

City TAMPA	State FL	Zip Code 33614-6758
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FEC ID number of contributing federal political committee. **C**

Name of Employer MBAF	Occupation DIRECTOR
--------------------------	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11A.1711**

Amount of Each Receipt this Period  
1200.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CRUZ, MARCOS, R., MR.,**

Mailing Address 6301 COLLINS AVE  
APT 808

City MIAMI BEACH	State FL	Zip Code 33141-4629
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : SA11A.1537**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3200.00
<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: PAGE 10 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DE MENDIA, CARLOS, F., MR.,**

Mailing Address 1120 S ALHAMBRA CIRCLE

City: CORAL GABLES State: FL Zip Code: 33146-3735

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1435

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DE SANTAMARIA, CATALINA, SANZ, ,**

Mailing Address 2665 S BAYSHORE DR  
SUITE 900

City: COCONUT GROVE State: FL Zip Code: 33133-

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1643

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEL ROSAL, ZIOLA, , ,**

Mailing Address 13011 DEERING BAY DR  
#802

City: CORAL GABLES State: FL Zip Code: 33158-

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1701

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4300.00

**TOTAL** 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: PAGE 11 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEL ROSAL, ZOILA, , ,**

Mailing Address 13011 DEERING BAY DR  
#802

City CORAL GABLES State FL Zip Code 33158-

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1260

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DIAZ OLIVER, FAUSTO, , MR., JR.**

Mailing Address 1 GROVE ISLE DR.  
APT 1701

City MIAMI State FL Zip Code 33133-4106

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1700

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DIAZ-OLIVER, REMEDIOS, , MRS.,**

Mailing Address 1 GROVE ISLE DR.  
APT 1701

City MIAMI State FL Zip Code 33133-4106

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1699

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

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

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

6100.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DILELLA, DANIEL, M., MR.,**

Mailing Address 980 IDLEWILD RD

City: GLADWYNE State: PA Zip Code: 19035-1438

FEC ID number of contributing federal political committee: C

Name of Employer: EQUUS CAPITAL PARTNERS, LTD Occupation: PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019

Transaction ID : SA11A.1265

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ESPINOSA, FERNANDO, , MR.,**

Mailing Address 16222 NW 79TH AVE

City: MIAMI LAKES State: FL Zip Code: 33016-6132

FEC ID number of contributing federal political committee: C

Name of Employer: SECURE LIFE FINANCIAL Occupation: VICE PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11A.1649

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ESPINOSA, FERNANDO, , MR., JR.**

Mailing Address 15280 NW 79TH CT  
SUITE C 103

City: MIAMI LAKES State: FL Zip Code: 33016-5852

FEC ID number of contributing federal political committee: C

Name of Employer: SECURE LIFE FINANCIAL Occupation: PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11A.1646

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 13 OF 103  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ESPINOSA, FERNANDO, , MR., JR.**

Mailing Address 15280 NW 79TH CT  
SUITE C 103

City MIAMI LAKES State FL Zip Code 33016-5852

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

Name of Employer SECURE LIFE FINANCIAL Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1647

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EZRATTI, ITZHAK, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer GL HOMES Occupation OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1657

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EZRATTI, ITZHAK, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer GL HOMES Occupation OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1658

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

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

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

8400.00

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

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

FOR LINE NUMBER: PAGE 14 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MAXIE, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer ME COUNSELING Occupation COUNSELOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11A.1668

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MAXIE, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer ME COUNSELING Occupation COUNSELOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11A.1669

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MAYA, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer GL SIGNATURE HOMES Occupation VICE PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019

Transaction ID : SA11A.1670

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 15 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MAYA, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer Occupation  
GL SIGNATURE HOMES VICE PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1671

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MISHA, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer Occupation  
GL HOMES PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1672

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EZRATTI, MISHA, , ,**

Mailing Address 12717 W SUNRISE BLVD  
#415

City SUNRISE State FL Zip Code 33323-0902

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

Name of Employer Occupation  
GL HOMES PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1673

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 16 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FALLA, ENRIQUE, C., ,**

Mailing Address 600 GRAPETREE DR  
APT 4BS

City KEY BISCAZYNE State FL Zip Code 33149-2703

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1263

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FERRER, ANGEL, , , JR.**

Mailing Address 7491 SW 59TH ST

City MIAMI State FL Zip Code 33143-1748

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

Name of Employer CITIGROUP Occupation DIRECTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1274

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FLORY, DAVID , L., MR.,**

Mailing Address 50 S POINTE DR  
#2008

City MIAMI BEACH State FL Zip Code 33139-4787

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1644

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4300.00

**TOTAL** 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: PAGE 17 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FLORY, DAVID , L., MR.,**

Mailing Address 50 S POINTE DR  
#2008

City MIAMI BEACH State FL Zip Code 33139-4787

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1645

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FLORY, JULIET, R., MRS.,**

Mailing Address 1410 N MEADE ST

City ARLINGTON State VA Zip Code 22209-3703

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1709

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FLORY, JULIET, R., MRS.,**

Mailing Address 1410 N MEADE ST

City ARLINGTON State VA Zip Code 22209-3703

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1710

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 18 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FORTUN, HECTOR, D., MR.,**  
 Mailing Address 365 PALERMO AVE  
 City MIAMI State FL Zip Code 33134-6607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FORTUN INSURANCE Occupation CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2019  
**Transaction ID : SA11A.1532**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRIESS, FOSTER, , MR.,**  
 Mailing Address P.O. BOX 9790  
 City JACKSON State WY Zip Code 83002-9790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRIESS ASSOCIATES Occupation FOUNDER  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019  
**Transaction ID : SA11A.1268**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIESS, LYNNETTE, , MRS.,**  
 Mailing Address P.O. BOX 9790  
 City JACKSON State WY Zip Code 83002-9790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019  
**Transaction ID : SA11A.1269**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5900.00  
**TOTAL** 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: PAGE 19 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GRANA, JOSE , A., MR.,**

Mailing Address 3382 SW 141ST AVE

City MIAMI State FL Zip Code 33175-6767

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

Name of Employer GRANA INSURANCE SERVICES Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 13 2019

Transaction ID : SA11A.1535

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GRAU, JUAN, , MR.,**

Mailing Address 155 OCEAN LANE DR  
APT 1008

City KEY BISCAWAYNE State FL Zip Code 33149-1465

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 22 2019

Transaction ID : SA11A.1270

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HAUBOLD, BERND, , ,**

Mailing Address 2665 S BAYSHORE DR  
SUITE 900

City COCONUT GROVE State FL Zip Code 33133-

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

Name of Employer NAVETRANS Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 20 2019

Transaction ID : SA11A.1642

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 20 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HERNANDEZ, ANA, M., MRS.,**  
Mailing Address 1420 AGUA AVE

City: CORAL GABLES    State: FL    Zip Code: 33156-6402

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFC  
Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11A.1762

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HERNANDEZ, ARMANDO, , MR.,**  
Mailing Address 1420 AGUA AVE

City: CORAL GABLES    State: FL    Zip Code: 33156-6402

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFC  
Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11A.1763

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HIDALGO, ORLANDO, L., MR.,**  
Mailing Address 1701 SW 99TH CT

City: MIAMI    State: FL    Zip Code: 33165-7544

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFC  
Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11A.1714

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 21 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HILLMAN, ROBERTA , , MRS.,**  
Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2019

Transaction ID : SA11A.1757

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION  
SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
**HILLMAN, ROBERTA , , MRS.,**  
Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2019

Transaction ID : SA11A.1759

Amount of Each Receipt this Period  
- 2800.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**HILLMAN, ROBERTA , , MRS.,**  
Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2019

Transaction ID : SA11A.1760

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5600.00

**TOTAL** 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: PAGE 22 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HILLMAN, TATNALL, , MR.,**

Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer RETIRED Occupation NONE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2019

Transaction ID : SA11A.1522

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HILLMAN, TATNALL, , MR.,**

Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer RETIRED Occupation NONE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2019

Transaction ID : SA11A.1758

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUDSON, MARY ANN, , ,**

Mailing Address 745 SAN ESTEBAN AVE

City CORAL GABLES State FL Zip Code 33146-1215

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1680

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 23 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HUDSON, SHERRILL, W., ,**  
 Mailing Address 745 SAN ESTEBAN AVE  
 City CORAL GABLES State FL Zip Code 33146-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TECO ENERGY Occupation CHAIRMAN  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019  
**Transaction ID : SA11A.1679**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**INGHAM, KENNETH, G., MR.,**  
 Mailing Address 10390 SW 60TH AVE  
 City MIAMI State FL Zip Code 33156-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INGHAM GROUP Occupation PRESIDENT/ CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : SA11A.1660**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**INGHAM, KENNETH, G., MR.,**  
 Mailing Address 10390 SW 60TH AVE  
 City MIAMI State FL Zip Code 33156-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INGHAM GROUP Occupation PRESIDENT/ CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : SA11A.1661**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 8400.00  
**TOTAL** 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: PAGE 24 OF 103  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHANSEN, THOMAS, T., MR.,**

Mailing Address 55 MERRICK WAY  
APT 727

City CORAL GABLES State FL Zip Code 33134-5133

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1676

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH, PETER, A., MR.,**

Mailing Address 57040 SW 116TH ST

City CORAL GABLES State FL Zip Code 33156-

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

Name of Employer HFL Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11A.1715

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH, PETER, A., MR.,**

Mailing Address 57040 SW 116TH ST

City CORAL GABLES State FL Zip Code 33156-

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

Name of Employer HFL Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11A.1716

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7100.00

**TOTAL** 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: PAGE 25 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KAKOURIS, GEORGE, , MR.,**  
 Mailing Address 1325 CAMPO SANO  
 City CORAL GABLES State FL Zip Code 33146-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WELLS FARGO ADVISORS FINANCIAL ADVISOR  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : SA11A.1651**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KLINSKY, STEVEN, BRUCE, MR.,**  
 Mailing Address 787 SEVENTH AVE  
 49TH FLOOR  
 City NEW YORK State NY Zip Code 10019-6018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEW MOUNTAIN GENERAL CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : SA11A.1675**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LEYVA, RAUL, V., MR.,**  
 Mailing Address 13344 SW 1ST TERRACE  
 City MIAMI State FL Zip Code 33184-1165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED INSURANCE AGENT  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2019  
**Transaction ID : SA11A.1539**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

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

1600.00

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

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

FOR LINE NUMBER: PAGE 26 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LOMANGINO, ANTHONY, , MR.,**

Mailing Address P.O. BOX8020

City: GOLDEN CITY State: NY Zip Code: 11530-8020

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1688

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOMANGINO, ANTHONY, , MR.,**

Mailing Address P.O. BOX8020

City: GOLDEN CITY State: NY Zip Code: 11530-8020

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1689

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOMANGINO, LYNDA, , MRS.,**

Mailing Address P.O. BOX8020

City: GOLDEN CITY State: NY Zip Code: 11530-8020

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1690

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 27 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LOMANGINO, LYNDA, , MRS.,**  
Mailing Address P.O. BOX8020

City: GOLDEN CITY State: NY Zip Code: 11530-8020

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1691

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MACHADO, GUS, , MR.,**  
Mailing Address 1200 WEST 49TH ST

City: HIALEAH State: FL Zip Code: 33012-3217

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

Name of Employer: GUS MACHADO FOOD Occupation: CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1655

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MACHADO, LILLIAM, , ,**  
Mailing Address 1 GROVE ISLAND DR #1210

City: MIAMI State: FL Zip Code: 33133-

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

Name of Employer: MGM ADVERTISING AGENCY Occupation: OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1712

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7800.00

**TOTAL** 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: PAGE 28 OF 103  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MALDONADO, ANA, G., MRS.,**  
Mailing Address P.O. BOX771090

City: MIAMI State: FL Zip Code: 33177-0019

FEC ID number of contributing federal political committee: C

Name of Employer: EL REY JESUS MINISTRY Occupation: PASTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2800.00

Date of Receipt: 12 / 20 / 2019

Transaction ID : SA11A.1653

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MALDONADO, GUILLERMO, , ,**  
Mailing Address P.O. BOX771090

City: MIAMI State: FL Zip Code: 33177-0019

FEC ID number of contributing federal political committee: C

Name of Employer: KING JESUS MINISTRY Occupation: PASTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2800.00

Date of Receipt: 12 / 20 / 2019

Transaction ID : SA11A.1652

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MILLER, HARRY, M., MR.,**  
Mailing Address 14025 SW 208TH ST

City: MIAMI State: FL Zip Code: 33177-5012

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 20 / 2019

Transaction ID : SA11A.1656

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5850.00

**TOTAL** 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: PAGE 29 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MILTON, NILIA, O., ,**

Mailing Address 3711 SW 27TH ST

City MIAMI State FL Zip Code 33134-7236

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

Name of Employer G MILTON CONSTRUCTION Occupation CIVIL ENGINEER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1441

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MIRANDA, MARIA, CRISTINA, ,**

Mailing Address 60 EDGEWATER DR  
APT 8A

City CORAL GABLES State FL Zip Code 33133-6973

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1256

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MITCHELL, JOANNE, S., MRS.,**

Mailing Address 9095 SW 87TH AVE  
SUITE 777

City MIAMI State FL Zip Code 33176-2310

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1659

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** 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: PAGE 30 OF 103  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MOORE, MICHAEL, T., MR.,**  
Mailing Address 3515 ANDERSON RD

City: CORAL GABLES State: FL Zip Code: 33134-7050

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 06 / 2019  
**Transaction ID : SA11A.1445**

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MOORE, MICHAEL, T., MR.,**  
Mailing Address 3515 ANDERSON RD

City: CORAL GABLES State: FL Zip Code: 33134-7050

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 06 / 2019  
**Transaction ID : SA11A.1446**

Amount of Each Receipt this Period: 2200.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MORILLO, JUAN, P., MR.,**  
Mailing Address 1111 23RD ST NW  
PH 2A

City: WASHINGTON State: DC Zip Code: 20037-3318

FEC ID number of contributing federal political committee: C

Name of Employer: QUINN EMANUEL Occupation: ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 30 / 2019  
**Transaction ID : SA11A.1703**

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6000.00

**TOTAL** 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: PAGE 31 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NAU, JOHN, L., MR., III**

Mailing Address 2229 SAN FELIPE  
SUITE 1250

City HOUSTON State TX Zip Code 77019-5644

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

Name of Employer SILVER EAGLE DISTRIBUTIONS LP Occupation CHAIRMAN/ CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1449

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICOFF, HAROLD, E., MR., JR.**

Mailing Address 6390 SW 114TH ST

City PINECREST State FL Zip Code 33156-4867

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

Name of Employer SHUTTS & BOWEN Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1681

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PATRICOFF, HAROLD, E., MR., JR.**

Mailing Address 6390 SW 114TH ST

City PINECREST State FL Zip Code 33156-4867

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

Name of Employer SHUTTS & BOWEN Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1682

Amount of Each Receipt this Period  
2200.00

Memo Item CONTRIBUTION

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

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

7800.00

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

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

FOR LINE NUMBER: PAGE 32 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PEREZ, JORGE, J.,**  
Mailing Address 541 BARBAROSA AVE

City: CORAL GABLES    State: FL    Zip Code: 33146-3505

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

Name of Employer: SELF EMPLOYED    Occupation: ATTORNEY

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt: 12 / 30 / 2019  
**Transaction ID : SA11A.1713**

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEREZ, MARTINIANO, J., MR.,**  
Mailing Address 150 ARVIDA PKWY

City: CORAL GABLES    State: FL    Zip Code: 33156-2313

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

Name of Employer: DOCTORS HEALTHCARE    Occupation: CFO

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt: 12 / 20 / 2019  
**Transaction ID : SA11A.1664**

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PEREZ, MARTINIANO, J., MR.,**  
Mailing Address 150 ARVIDA PKWY

City: CORAL GABLES    State: FL    Zip Code: 33156-2313

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

Name of Employer: DOCTORS HEALTHCARE    Occupation: CFO

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt: 12 / 20 / 2019  
**Transaction ID : SA11A.1665**

Amount of Each Receipt this Period: 2200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6000.00

**TOTAL** 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: PAGE 33 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PEREZ, PILAR, , ,**

Mailing Address 16222 NW 79TH AVE

City MIAMI LAKES State FL Zip Code 33016-6132

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1648

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEREZ, SOFIA, , MRS.,**

Mailing Address 150 ARVIDA PKWY

City CORAL GABLES State FL Zip Code 33156-2313

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1662

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PEREZ, SOFIA, , MRS.,**

Mailing Address 150 ARVIDA PKWY

City CORAL GABLES State FL Zip Code 33156-2313

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : SA11A.1663

Amount of Each Receipt this Period  
2200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7800.00

**TOTAL** 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: PAGE 34 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**POPACK, MOSHEL, L., ,**

Mailing Address 2413 FISHER ISLAND DR

City MIAMI BEACH State FL Zip Code 33109-0104

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

Name of Employer YMP REAL ESTATE MANAGEMENT Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1447

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**POPACK, MOSHEL, L., ,**

Mailing Address 2413 FISHER ISLAND DR

City MIAMI BEACH State FL Zip Code 33109-0104

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

Name of Employer YMP REAL ESTATE MANAGEMENT Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

Transaction ID : SA11A.1526

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PORRO, JUAN, L., , JR.**

Mailing Address 8801 SW 87TH ST

City MIAMI State FL Zip Code 33173-4545

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL ADVISOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1442

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6100.00

**TOTAL** 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: PAGE 35 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**POZO, JUSTO, LUIS, ,**  
Mailing Address 5901 SW 94 ST

City PINECREST    State FL    Zip Code 33156-2050

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

Name of Employer JUSTWELL MEDICAL    Occupation CEO

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1437

Amount of Each Receipt this Period  
750.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**POZO, JUSTO, LUIS, , III**  
Mailing Address 13255 OLD CUTLER RD

City MIAMI    State FL    Zip Code 33156-7217

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

Name of Employer SELF EMPLOYED    Occupation HEALTHCARE

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1438

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PRADO, JUAN, A., MR.,**  
Mailing Address 2401 ANDERSON RD  
PH19

City CORAL GABLES    State FL    Zip Code 33134-4873

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

Name of Employer NONE    Occupation RETIRED

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1257

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PRADO, JUAN, A., MR.,**

Mailing Address 2401 ANDERSON RD  
PH19

City State Zip Code  
CORAL GABLES FL 33134-4873

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 22 2019

Transaction ID : SA11A.1258

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PRADO, JUAN, A., MR.,**

Mailing Address 2401 ANDERSON RD  
PH19

City State Zip Code  
CORAL GABLES FL 33134-4873

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 22 2019

Transaction ID : SA11A.1259

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PRIEGUEZ, MANUEL, , MR., JR.**

Mailing Address 4000 MALAGA AVE

City State Zip Code  
COCONUT GROVE FL 33133-6323

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

Name of Employer Occupation  
SELF EMPLOYED SEAFOOD EXPORTER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 30 2019

Transaction ID : SA11A.1702

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3700.00

**TOTAL** 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: PAGE 37 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**QUIRCH, GUILLERMO, , MR., JR.**

Mailing Address 101 ALMERIA AVE

City CORAL GABLES	State FL	Zip Code 33134-6008
----------------------	-------------	------------------------

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

Name of Employer QUIRCH FOODS CO	Occupation FOUNDER/OWNER
-------------------------------------	-----------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1654**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RAMMOS, GUILLERMO, , ,**

Mailing Address 400 E DILDO DR

City MIAMI BEACH	State FL	Zip Code 33139-1234
---------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE AGENT
-----------------------------------	---------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : SA11A.1439**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REUS, SANDRA, , ,**

Mailing Address 4834 NW 94TH DORAL PL

City MIAMI	State FL	Zip Code 33178-2046
---------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1667**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4800.00
<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: PAGE 38 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RODRIGUEZ, ALBERTO, ANTONIO, MR.,**  
 Mailing Address 2977 SW 51ST ST  
 City MIAMI State FL Zip Code 33155-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2019  
**Transaction ID : SA11A.1450**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RODRIGUEZ, MIGUEL, A., MR.,**  
 Mailing Address 14352 SW 40TH TER  
 City MIAMI State FL Zip Code 33175-7823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED INSURANCE AGENT  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2019  
**Transaction ID : SA11A.1538**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RUIZ, RODOLFO, A., MR.,**  
 Mailing Address 1315 MENDAVIA AVE  
 City CORAL GABLES State FL Zip Code 33146-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2019  
**Transaction ID : SA11A.1687**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**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

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

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SADIN, DAILIN, , ,**

Mailing Address 3713 SW 156TH CT

City MIAMI State FL Zip Code 33185-4809

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

Name of Employer D & E INSURANCE Occupation OWNER

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2019

Transaction ID : SA11A.1530

Amount of Each Receipt this Period  
 300.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SANCHEZ, JOSE, M., MR.,**

Mailing Address 60 EDGEWATER DR  
APT #10K

City CORAL GABLES State FL Zip Code 33133-6988

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1692

Amount of Each Receipt this Period  
 1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SARDINA, EDUARDO, M., MR.,**

Mailing Address 4520 SUNSET DR

City CORAL GABLES State FL Zip Code 33143-6239

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2019

Transaction ID : SA11A.1525

Amount of Each Receipt this Period  
 1500.00

Memo Item CONTRIBUTION

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 40 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SOSA, ENRIQUE, J., ,**

Mailing Address 430 GRAND BAY DR  
APT 1002

City KEY BISCAZYNE State FL Zip Code 33149-1940

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11A.1262

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SOUVIRON, BARBARA, R., MRS.,**

Mailing Address 1041 CORAL WAY

City CORAL GABLES State FL Zip Code 33134-4749

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1686

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SOUVIRON, RICHARD, C., MR.,**

Mailing Address 1041 CORAL WAY

City CORAL GABLES State FL Zip Code 33134-4749

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

Name of Employer DENTAL LEADERS Occupation ORTHODONTIST

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1685

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

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

2000.00



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

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

FOR LINE NUMBER: PAGE 41 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TAYLOR, LARRY, S., MR.,**  
Mailing Address 47 S PRADO NE

City ATLANTA State GA Zip Code 30309-3308

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019

Transaction ID : SA11A.1267

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WITHERS, CYNTHIA, L., MRS.,**  
Mailing Address 1104 HARDEE RD

City CORAL GABLES State FL Zip Code 33146-3229

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1684

Amount of Each Receipt this Period  
2200.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WITHERS, CYNTHIA, L., MRS.,**  
Mailing Address 1104 HARDEE RD

City CORAL GABLES State FL Zip Code 33146-3229

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1706

Amount of Each Receipt this Period  
600.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3800.00

**TOTAL** 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: PAGE 42 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WITHERS, CYNTHIA, L., MRS.,**  
Mailing Address 1104 HARDEE RD

City: CORAL GABLES State: FL Zip Code: 33146-3229

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 5600.00

Date of Receipt: 12 / 30 / 2019  
Transaction ID : SA11A.1707

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WITHERS, WAYNE, E., MR., JR.**  
Mailing Address 1104 HARDEE RD

City: CORAL GABLES State: FL Zip Code: 33146-3229

FEC ID number of contributing federal political committee: C

Name of Employer: WITHERS WORLDWIDE Occupation: PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 4400.00

Date of Receipt: 12 / 30 / 2019  
Transaction ID : SA11A.1683

Amount of Each Receipt this Period: 2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WITHERS, WAYNE, E., MR., JR.**  
Mailing Address 1104 HARDEE RD

City: CORAL GABLES State: FL Zip Code: 33146-3229

FEC ID number of contributing federal political committee: C

Name of Employer: WITHERS WORLDWIDE Occupation: PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 4400.00

Date of Receipt: 12 / 30 / 2019  
Transaction ID : SA11A.1708

Amount of Each Receipt this Period: 1600.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7200.00

**TOTAL** 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: PAGE 43 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**YAKUBOV, YAFFA, C., ,**

Mailing Address 2413 FISHER ISLAND DR

City MIAMI BEACH State FL Zip Code 33109-0104

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11A.1448

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**YAKUBOV, YAFFA, C., ,**

Mailing Address 2413 FISHER ISLAND DR

City MIAMI BEACH State FL Zip Code 33109-0104

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

Transaction ID : SA11A.1527

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ZARCO, ROBERT, , MR.,**

Mailing Address 5740 N BAY RD

City MIAMI BEACH State FL Zip Code 33140-2035

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

Name of Employer ZARCO EINHORN SALKOWSKI BRITO Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA11A.1677

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8400.00

**TOTAL** 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: PAGE 44 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ZARCO, ROBERT, , MR.,**

Mailing Address 5740 N BAY RD

City MIAMI BEACH	State FL	Zip Code 33140-2035
---------------------	-------------	------------------------

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

Name of Employer ZARCO EINHORN SALKOWSKI BRITO	Occupation ATTORNEY
---	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11A.1678**

Amount of Each Receipt this Period  
2600.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ZAYAS- BAZAN, EDUARDO, , DR.,**

Mailing Address 7540 SW 52ND CT

City MIAMI	State FL	Zip Code 33143-5904
---------------	-------------	------------------------

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

Name of Employer EAST TENNESSEE STATE UNIVERSITY	Occupation PROFESSOR
---	-------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11A.1264**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ZIEGLER, JAN, L., DR.,**

Mailing Address 60 EDGEWATER DR  
#12F

City CORAL GABLES	State FL	Zip Code 33133-6998
----------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation DENTIST
-----------------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : SA11A.1436**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4100.00
<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: PAGE 45 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ZINN, WARREN, H., ,**

Mailing Address 20860 NORTHWEST 2ND AVENUE

City MIAMI	State FL	Zip Code 33169-2104
---------------	-------------	------------------------

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

Name of Employer WARREN HENRY AUTO GROUP	Occupation CEO
---	-------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : SA11A.1451**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**44TH STREET LAND TRUST**

Mailing Address 7035 SW 44TH ST

City MIAMI	State FL	Zip Code 33155-4643
---------------	-------------	------------------------

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

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1650**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP INFORMATION VERIFIED; SEE  
ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MENENDEZ, MANUEL, J., MR.,**

Mailing Address 3305 ALHAMBRA CIRCLE

City CORAL GABLES	State FL	Zip Code 33134-6209
----------------------	-------------	------------------------

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

Name of Employer 44TH STREET LAND TRUST	Occupation OWNER
--	---------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11A.1769**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt: 10 / 24 / 2019

Transaction ID : SA11C.131132

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**TAGHER, CHARBEL, , ,**

Mailing Address 210 EVANS WAY

City: SOMERVILLE State: NJ Zip Code: 08876-3767

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

Name of Employer: Occupation: EXECUTIVE

STI

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt: 10 / 24 / 2019

Transaction ID : SA11A.1003

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt: 11 / 26 / 2019

Transaction ID : SA11C.1341332

Amount of Each Receipt this Period: 25.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**TOTAL** 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 47 OF 103	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LOPEZ-CANTERA, AMADA, , ,**

Mailing Address 2300 CORAL WAY SUITE 201

City MIAMI	State FL	Zip Code 33145-3542
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation CPA
-----------------------------------	-------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2019

**Transaction ID : SA11A.1346**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
REFUND ISSUED

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

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2019

**Transaction ID : SA11C.1341333**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**LOPEZ-CANTERA, AMADA, , ,**

Mailing Address 2300 CORAL WAY SUITE 201

City MIAMI	State FL	Zip Code 33145-3542
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation CPA
-----------------------------------	-------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2019

**Transaction ID : SA11A.1347**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
REFUND ISSUED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	50.00
<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: PAGE 48 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2019

**Transaction ID : SA11C.1351340**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**SEGREDO, LUIS, , ,**

Mailing Address 6550 SOUTHWEST 126TH STREET

City PINECREST State FL Zip Code 33156-5506

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

Name of Employer Occupation  
AQUIVA CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2019

**Transaction ID : SA11A.1354**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2019

**Transaction ID : SA11C.1351343**

Amount of Each Receipt this Period  
1800.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GOLDMAN, MARC, , ,**

Mailing Address 1500 OCEAN BLVD #501S

City BOCA RATON State FL Zip Code 33432-8523

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2019

**Transaction ID : SA11A.1357**

Amount of Each Receipt this Period  
1800.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 03 / 2019

**Transaction ID : SA11C.1364355**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**PRESTON, BARRY, , MR.,**

Mailing Address 800 NORTH TAMIAMI TRAIL

City SARASOTA State FL Zip Code 34236-4054

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

Name of Employer PRESTON GIULIANO CAPITAL PARTNERS Occupation REAL ESTATE INVESTMENT AND MANAGEM

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2019

**Transaction ID : SA11A.1373**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**TOTAL** 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: PAGE 50 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2019

**Transaction ID : SA11C.1364364**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**FERNANDEZ, ANTONIO, , MR.,**

Mailing Address 5500 SW 72 AVE

City MIAMI State FL Zip Code 33155-5517

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2019

**Transaction ID : SA11A.1382**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2019

**Transaction ID : SA11C.1364365**

Amount of Each Receipt this Period  
 1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**TOTAL** 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: PAGE 51 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TAGHER, CHARBEL, , ,**

Mailing Address 210 EVANS WAY

City SOMERVILLE State NJ Zip Code 08876-3767

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

Name of Employer STI Occupation EXECUTIVE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2019

**Transaction ID : SA11A.1383**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2019

**Transaction ID : SA11C.1384403**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**BARQUET, ROY, , ,**

Mailing Address 2 SOUTH BISCAYNE BOULEVARD

City MIAMI State FL Zip Code 33131-1806

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

Name of Employer FOLEY & LARDNER LLP Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2019

**Transaction ID : SA11A.1421**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; SEE REDESIGNATION

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

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

6600.00

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

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

FOR LINE NUMBER: PAGE 52 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARQUET, ROY, , ,**  
 Mailing Address 2 SOUTH BISCAVNE BOULEVARD  
 City MIAMI State FL Zip Code 33131-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOLEY & LARDNER LLP Occupation ATTORNEY  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2019  
**Transaction ID : SA11A.1845**  
 Amount of Each Receipt this Period  
 - 2800.00  
 Memo Item  
 CONTRIBUTION  
 REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**BARQUET, ROY, , ,**  
 Mailing Address 2 SOUTH BISCAVNE BOULEVARD  
 City MIAMI State FL Zip Code 33131-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOLEY & LARDNER LLP Occupation ATTORNEY  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2019  
**Transaction ID : SA11A.1846**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item  
 CONTRIBUTION  
 REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2019  
**Transaction ID : SA11C.1467485**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** 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: PAGE 53 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FOGG, JOSEPH, , ,**

Mailing Address 311 8TH AVE. SOUTH

City NAPLES State FL Zip Code 34102-6803

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2019

**Transaction ID : SA11A.1501**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2019

**Transaction ID : SA11C.1503498**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**RAYES, PATRICK, , ,**

Mailing Address P.O. BOX 195429

City DALLAS State TX Zip Code 75219-8607

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2019

**Transaction ID : SA11A.1514**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3800.00

**TOTAL** 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: PAGE 54 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2019

**Transaction ID : SA11C.1523508**

Amount of Each Receipt this Period  
5600.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, JASON, , ,**

Mailing Address 10222 LEXINGTON ESTATES BLVD

City BOCA RATON State FL Zip Code 33428-4288

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

Name of Employer Occupation  
WILLIAMS NATIONAL STRATEGIC ADVISOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2019

**Transaction ID : SA11A.1541**

Amount of Each Receipt this Period  
5600.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED; SEE REDESIGNATION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, JASON, , ,**

Mailing Address 10222 LEXINGTON ESTATES BLVD

City BOCA RATON State FL Zip Code 33428-4288

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

Name of Employer Occupation  
WILLIAMS NATIONAL STRATEGIC ADVISOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2019

**Transaction ID : SA11A.1542**

Amount of Each Receipt this Period  
- 2800.00

Memo Item CONTRIBUTION

REDESIGNATION TO GENERAL

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

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

5600.00

- 2800.00

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

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

FOR LINE NUMBER: PAGE 55 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, JASON, , ,**

Mailing Address 10222 LEXINGTON ESTATES BLVD

City BOCA RATON State FL Zip Code 33428-4288

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

Name of Employer WILLIAMS NATIONAL Occupation STRATEGIC ADVISOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2019

Transaction ID : SA11A.1543

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2019

Transaction ID : SA11C.159170

Amount of Each Receipt this Period  
83.33

Memo Item  
CONTRIBUTION  
INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**KUTLER, EDWARD, , MR.,**

Mailing Address 6405 TREE TOP CIR

City COLUMBIA State MD Zip Code 21045-2895

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

Name of Employer THE KUTLER GROUP Occupation LOBBYIST/ CONSULTANT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
333.33

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2019

Transaction ID : SA11A.1017

Amount of Each Receipt this Period  
83.33

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.33

**TOTAL** 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: PAGE 56 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2019

**Transaction ID : SA11C.1595582**

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**MOSS, CHAD, , ,**

Mailing Address 2101 N. ANDREWS AVE

City: FORT LAUDERDALE State: FL Zip Code: 33311-3946

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

Name of Employer: Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : SA11A.1598**

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2019

**Transaction ID : SA11C.1595587**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2800.00

**TOTAL** 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: PAGE 57 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WELKER, BETH ANGELA, , ,**

Mailing Address 2000 SOUTH OCEAN DR. #1602

City FORT LAUDERDALE State FL Zip Code 33316-3813

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

Name of Employer SELF EMPLOYED Occupation COMMERCIAL REALTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 17 2019

Transaction ID : SA11A.1603

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 22 2019

Transaction ID : SA11C.1610595

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**TATE, JAMES, , ,**

Mailing Address 12855 BISCAYNE BAY DRIVE

City NORTH MIAMI State FL Zip Code 33181-2443

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

Name of Employer TATE DEVELOPMENT CORP. Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 19 2019

Transaction ID : SA11A.1611

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED; SEE REDESIGNATION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5850.00

**TOTAL** 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: PAGE 58 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TATE, JAMES, , ,**

Mailing Address 12855 BISCAYNE BAY DRIVE

City NORTH MIAMI State FL Zip Code 33181-2443

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

Name of Employer TATE DEVELOPMENT CORP. Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 22 2019

Transaction ID : SA11A.1617

Amount of Each Receipt this Period  
- 2800.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**TATE, JAMES, , ,**

Mailing Address 12855 BISCAYNE BAY DRIVE

City NORTH MIAMI State FL Zip Code 33181-2443

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

Name of Employer TATE DEVELOPMENT CORP. Occupation PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 22 2019

Transaction ID : SA11A.1618

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 26 2019

Transaction ID : SA11C.1622609

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** 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: PAGE 59 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICOFF, NELEA, , ,**

Mailing Address 6390 SOUTHWEST 114TH STREET

City MIAMI	State FL	Zip Code 33156-4867
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

**Transaction ID : SA11A.1625**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICOFF, NELEA, , ,**

Mailing Address 6390 SOUTHWEST 114TH STREET

City MIAMI	State FL	Zip Code 33156-4867
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2019

**Transaction ID : SA11A.1628**

Amount of Each Receipt this Period  
- 2800.00

Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**PATRICOFF, NELEA, , ,**

Mailing Address 6390 SOUTHWEST 114TH STREET

City MIAMI	State FL	Zip Code 33156-4867
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2019

**Transaction ID : SA11A.1629**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5600.00
<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: PAGE 60 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : SA11C.1723718**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**TEITELBAUM, MARK, , ,**

Mailing Address 1810 N KENTUCKY ST

City ARLINGTON State VA Zip Code 22205-2826

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

Name of Employer Occupation  
CBRE REAL ESTATE AGENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : SA11A.1733**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2019

**Transaction ID : SA11C.1723722**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 61 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REICH, OTTO, , ,**

Mailing Address 90 EDGEWATER DR. APT 926  
APT 926

City CORAL GABLES State FL Zip Code 33133-6994

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

Name of Employer OTTO REICH ASSOCIATES Occupation CONSULTANT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1737

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019

Transaction ID : SA11C.1723723

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**TAGHER, CHARBEL, , ,**

Mailing Address 210 EVANS WAY

City SOMERVILLE State NJ Zip Code 08876-3767

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

Name of Employer Occupation  
STI EXECUTIVE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2019

Transaction ID : SA11A.1738

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** 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: PAGE 62 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11C.1723726**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**MOONEY, PATRICK, , ,**

Mailing Address 2946 BELLA FLORE TER

City NEW SMYRNA BEACH State FL Zip Code 32168-0002

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

Name of Employer Occupation  
SELF EMPLOYED WRITER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2019

**Transaction ID : SA11A.1741**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11C.1746734**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OUELLETTE ELLIOTT, ELIZABETH ANNE, , ,**  
 Mailing Address 7445 SOUTHWEST 127TH STREET  
 City MIAMI State FL Zip Code 33156-5337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAPTIST Occupation SURGEON  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11A.1750**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2019  
**Transaction ID : SA11C.197200**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**HOLSTEIN, D, BROOKS, ,**  
 Mailing Address 286 BEAUVIOR RD  
 City BILOXI State MS Zip Code 39531-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMVEST PROPERTIES, LLC Occupation REAL ESTATE DEVELOPER  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2019  
**Transaction ID : SA11A.1036**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** 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: PAGE 64 OF 103  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2019

**Transaction ID : SA11C.22**

Amount of Each Receipt this Period  
1.00

Memo Item CONTRIBUTION

INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : SA11C.236236**

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**EGGERT, STEVEN, , MR.,**

Mailing Address 1610 R ST  
STE 250

City SACRAMENTO State CA Zip Code 95811-6685

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

Name of Employer Occupation  
ANTON DEVCO FOUNDER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : SA11A.1055**

Amount of Each Receipt this Period  
2800.00

Memo Item CONTRIBUTION

INTERMEDIARY

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2800.00

**TOTAL** 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: PAGE 65 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2019

**Transaction ID : SA11C.6154**

Amount of Each Receipt this Period  
1.00

Memo Item CONTRIBUTION

INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2019

**Transaction ID : SA11C.6868**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**REICH, OTTO, , ,**

Mailing Address 90 EDGEWATER DR. APT 926  
APT 926

City CORAL GABLES State FL Zip Code 33133-6994

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

Name of Employer Occupation  
OTTO REICH ASSOCIATES CONSULTANT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2019

**Transaction ID : SA11A.959**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 66 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2019  
**Transaction ID : SA11C.7276**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION  
 INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**PRESTON, BARRY, , MR.,**  
 Mailing Address 800 NORTH TAMIAMI TRAIL  
 City SARASOTA State FL Zip Code 34236-4054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PRESTON GIULIANO CAPITAL PARTNERS REAL ESTATE INVESTMENT AND MANAGEM  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2019  
**Transaction ID : SA11A.978**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**  
 Mailing Address P.O. BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 165483.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2019  
**Transaction ID : SA11C.7378**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item CONTRIBUTION  
 INTERMEDIARY; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** 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: PAGE 67 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FERNANDEZ, ANTONIO, , MR.,**

Mailing Address 5500 SW 72 AVE

City MIAMI State FL Zip Code 33155-5517

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2019

Transaction ID : SA11A.977

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	255133.33

**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 68 OF 103	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GREG STEUBE FOR CONGRESS**

Mailing Address 5317 FRUITVILLE RD  
#102

City SARASOTA	State FL	Zip Code 34232-6402
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00671891

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11C.1608**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00469429

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11C.1275**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COWBOY PAC**

Mailing Address 3538 SOUTH WAKEFIELD STREET

City ARLINGTON	State VA	Zip Code 22206-1708
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00638130

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11C.1609**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<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 69 OF 103	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CUT THE BULL PAC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00691626

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11C.1756**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**E-PAC**

Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00570945

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019

**Transaction ID : SA11C.1277**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM PROJECT; THE**

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00305805

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

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2019

**Transaction ID : SA11C.1276**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 8500.00
<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 70 OF 103	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HUCK PAC**

Mailing Address PO BOX 2008

City: LITTLE ROCK State: AR Zip Code: 72203-2008

FEC ID number of contributing federal political committee: **C** C00448373

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11C.1279**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAM PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City: ATHENS State: GA Zip Code: 30605-1332

FEC ID number of contributing federal political committee: **C** C00656777

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11C.1278**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATE**

Mailing Address PO BOX 26141

City: ALEXANDRIA State: VA Zip Code: 22313-6141

FEC ID number of contributing federal political committee: **C** C00582726

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1761**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7000.00
<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 71 OF 103
	<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)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP FOR AMERICA TODAY TOMORROW AND ALWAYS PAC**

Mailing Address 9856 ARCHER LANE

City DUBLIN	State OH	Zip Code 43017-8914
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00485540

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1717**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PA PROSPERITY FUND PAC**

Mailing Address 3843 WEST CHESTER PIKE

City NEWTOWN SQUARE	State PA	Zip Code 19073-2304
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00493890

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : SA11C.1280**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 1300 PENNSYLVANIA AVE NW  
BOX 190, #323

City WASHINGTON	State DC	Zip Code 20004-3042
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00165159

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1721**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7000.00
<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 72 OF 103	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SPIRIT OF '76 PAC**

Mailing Address 5900 MEMORIAL DR  
STE 215

City HOUSTON State TX Zip Code 77007-8008

FEC ID number of contributing federal political committee. **C** C00686816

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

**Transaction ID : SA11C.1694**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

Mailing Address 2800 SHIRLINGTON RD  
STE 1200

City ARLINGTON State VA Zip Code 22206-3616

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1718**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1719**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	10000.00
<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 73 OF 103	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THE GUARDIAN FUND**

Mailing Address 2140 THREE M TRAIL

City DELAND	State FL	Zip Code 32720-1615
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00493221

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : SA11C.1607**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE**

Mailing Address 1201 PENNSYLVANIA AVENUE SUITE 800

City WASHINGTON	State DC	Zip Code 20004-2401
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00327189

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : SA11C.1720**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WINNING FOR WOMEN, INC. PAC**

Mailing Address 1025 THOMAS JEFFERSON STREET, NW SUITE 420

City WASHINGTON	State DC	Zip Code 20007-5201
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00646703

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5049.63

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : SA11C.1594**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49000.00

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

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

FOR LINE NUMBER: PAGE 74 OF 103  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SALAZAR, MARIA, ELVIRA, ,**

Mailing Address P.O. BOX 558033

City: MIAMI State: FL Zip Code: 33255-8033

FEC ID number of contributing federal political committee: **C** C00671859

Name of Employer: Occupation:

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA13A.184

Amount of Each Receipt this Period  
50000.00

Memo Item  
CANDIDATE LOAN

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. SALAZAR, MARIA, ELVIRA, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address P.O. BOX 558033			FEC Identification Number <b>C</b> C00671859		
City MIAMI	State FL	Zip Code 33255-8033	Amount of Each Disbursement this Period 7402.34		
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : <b>SB17.I141</b>		
Candidate Name <b>SALAZAR, MARIA, ELVIRA, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: FL District: 27			

Full Name (Last, First, Middle Initial) <b>B. FRANCO, DORA, , MS.,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address 2746 SHOUP DR.			FEC Identification Number <b>C</b>		
City SAN DIEGO	State CA	Zip Code 92110-4269	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement PHOTOGRAPHY		Category/ Type 001	Transaction ID : <b>SB17.I133</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input checked="" type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

Full Name (Last, First, Middle Initial) <b>C. MEZA, SILVIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address 16442 SW 67TH TER			FEC Identification Number <b>C</b>		
City MIAMI	State FL	Zip Code 33193-5591	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement SALARY		Category/ Type 001	Transaction ID : <b>SB17.I140</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input checked="" type="checkbox"/>		
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).....▶	7402.34
<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 76 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. A BLACK CAR SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address 1712 PIONEER AVE STE 101			FEC Identification Number C		
City CHEYENNE	State WY	Zip Code 82001-4406	Amount of Each Disbursement this Period 486.72		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.I4		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address 4255 AMON CARTER BLVD			FEC Identification Number C		
City FORT WORTH	State TX	Zip Code 76155-2603	Amount of Each Disbursement this Period 859.38		
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.I5		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS TRAVEL INSURANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address 4255 AMON CARTER BLVD			FEC Identification Number C		
City FORT WORTH	State TX	Zip Code 76155-2603	Amount of Each Disbursement this Period 560.82		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.I6		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 77 OF 103	
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. ARC HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019
Mailing Address 824 NEW HAMPSHIRE AVE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20037-2303
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 533.49
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019
Mailing Address 1030 DELTA BLVD DPT 680		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354-1989
Purpose of Disbursement AIRFARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 720.37
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019
Mailing Address 13901 SW 88TH ST		FEC Identification Number C
City MIAMI	State FL	Zip Code 33186-4001
Purpose of Disbursement POSTAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 222.58
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:	<input checked="" type="checkbox"/> Memo 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 78 OF 103	
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. LE MERIDIEN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019	
Mailing Address 601 N FLORIDA AVE			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33602-4501	Amount of Each Disbursement this Period 213.33	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.I21	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LYFT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019	
Mailing Address 185 BERRY ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107-5705	Amount of Each Disbursement this Period 233.98	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.I22	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PARKER NY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019	
Mailing Address 119 W 56TH ST			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10019-4000	Amount of Each Disbursement this Period 306.33	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.I32	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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).....▶	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 79 OF 103			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. CRUZ, MEDARDO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019		
Mailing Address 4220 NW 107TH AVE APT. 2502			FEC Identification Number C		
City DORAL	State FL	Zip Code 33178-4881	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type 001	Transaction ID : SB17.I136		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CRUZ, MEDARDO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2019		
Mailing Address 4220 NW 107TH AVE APT. 2502			FEC Identification Number C		
City DORAL	State FL	Zip Code 33178-4881	Amount of Each Disbursement this Period 1816.00		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type 001	Transaction ID : SB17.I137		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CRUZ, MEDARDO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2019		
Mailing Address 4220 NW 107TH AVE APT. 2502			FEC Identification Number C		
City DORAL	State FL	Zip Code 33178-4881	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.I138		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8816.00
<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 80 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. CRUZ, MEDARDO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019		
Mailing Address 4220 NW 107TH AVE APT. 2502			FEC Identification Number C		
City DORAL	State FL	Zip Code 33178-4881	Amount of Each Disbursement this Period 133.78		
Purpose of Disbursement PO BOX REIMBURSEMENT		Category/ Type	Transaction ID : SB17.I168		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. KURE, HAYED, A, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2019		
Mailing Address 7891 S SOUTHWOOD CIRCLE			FEC Identification Number C		
City DAVIE	State FL	Zip Code 33328	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type	Transaction ID : SB17.I158		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MEZA, SILVIA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2019		
Mailing Address 16442 SW 67TH TER			FEC Identification Number C		
City MIAMI	State FL	Zip Code 33193-5591	Amount of Each Disbursement this Period 3924.38		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type 001	Transaction ID : SB17.I139		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6558.16
<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 81 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. 1892, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2019
Mailing Address PO BOX 577001		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60657
Purpose of Disbursement CONSULTING		Amount of Each Disbursement this Period 6000.00
Candidate Name		Transaction ID : SB17.I173
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 1892, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019
Mailing Address PO BOX 577001		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60657
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period 30366.57
Candidate Name		Transaction ID : SB17.I2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. 1892, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019
Mailing Address PO BOX 577001		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60657
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.I3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	39366.57
<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 82 OF 103	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMAZON SERVICES, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019	
Mailing Address MENDAVIA AVENUE			FEC Identification Number C	
City CORAL GABLES	State FL	Zip Code 33146	Amount of Each Disbursement this Period 515.74	
Purpose of Disbursement PRINTING		Category/Type	Transaction ID : SB17.I164	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		

Full Name (Last, First, Middle Initial) <b>B. FORWARD STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2019	
Mailing Address 7222 ANHINGA FARMS ROAD			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32309	Amount of Each Disbursement this Period 3700.00	
Purpose of Disbursement CONSULTING		Category/Type 001	Transaction ID : SB17.I155	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		

Full Name (Last, First, Middle Initial) <b>C. FORWARD STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019	
Mailing Address 7222 ANHINGA FARMS ROAD			FEC Identification Number C	
City TALLAHASSEE	State FL	Zip Code 32309	Amount of Each Disbursement this Period 3800.00	
Purpose of Disbursement CONSULTING		Category/Type	Transaction ID : SB17.I165	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>	
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).....▶	8015.74
<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 83 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. IMGE, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019		
Mailing Address 108 S WASHINGTON ST 3RD FLOOR			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 17200.00		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type 001	Transaction ID : SB17.I16		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. IMGE, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019		
Mailing Address 108 S WASHINGTON ST 3RD FLOOR			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 3272.18		
Purpose of Disbursement ADVERTISING & MARKETING		Category/ Type	Transaction ID : SB17.I166		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. IMGE, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019		
Mailing Address 108 S WASHINGTON ST 3RD FLOOR			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type 001	Transaction ID : SB17.I17		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23972.18
<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 84 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. MASON STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019
Mailing Address 219 E HOWELL AVE			FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22301-1307	Amount of Each Disbursement this Period 7500.00
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type	Transaction ID : SB17.I167
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MASON STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019
Mailing Address 219 E HOWELL AVE			FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22301-1307	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/Type	Transaction ID : SB17.I24
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NOISEWORKS MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019
Mailing Address 7155 SW 47TH ST STE 310B			FEC Identification Number C
City MIAMI	State FL	Zip Code 33155-4640	Amount of Each Disbursement this Period 4500.00
Purpose of Disbursement MEDIA PRODUCTION		Category/Type 001	Transaction ID : SB17.I28
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14500.00
<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 85 OF 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PROFESSIONAL DATA SERVICES</b>		M M / D D / Y Y Y Y 12 / 11 / 2019
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		001
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	4831.74
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I157</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PROFESSIONAL DATA SERVICES</b>		M M / D D / Y Y Y Y 10 / 07 / 2019
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement STRATEGIC CONSULTING		001
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	3124.48
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I34</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. REVV</b>		M M / D D / Y Y Y Y 12 / 23 / 2019
Mailing Address PO BOX 9891		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement TRANSACTION FEES		
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	22.70
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I178</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7978.92
<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 86 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. STORYTELLERS GROUP LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019		
Mailing Address PO BOX 577001			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60657-7321	Amount of Each Disbursement this Period 1748.88		
Purpose of Disbursement BUSINESS CARDS		Category/ Type 001	Transaction ID : SB17.I46		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. THE THEODORE COMPANY, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019		
Mailing Address 8616 BUCKBOARD DRIVE			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Disbursement this Period 3432.48		
Purpose of Disbursement CONSULTING		Category/ Type	Transaction ID : SB17.I169		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. TOTARO CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019		
Mailing Address 45 SW 9TH ST APT 1909			FEC Identification Number C		
City MIAMI	State FL	Zip Code 33130-3898	Amount of Each Disbursement this Period 3364.60		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type 001	Transaction ID : SB17.I48		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	8545.96
<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 87 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 41.88
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1.25
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4.10
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	47.23
<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 88 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1.43		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I131		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 10.21		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I143		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 126.40		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I144		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	138.04
<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 89 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 89.59
Candidate Name		Transaction ID : SB17.I145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 23.82
Candidate Name		Transaction ID : SB17.I146
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 449.07
Candidate Name		Transaction ID : SB17.I149
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	562.48
<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 90 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 12.70		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I150		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 267.04		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I151		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1013.01		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I152		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1292.75
<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 91 OF 103			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 44.46
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 225.38
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 515.44
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	785.28
<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 92 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 885.10
Candidate Name		Transaction ID : SB17.I161
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 115.94
Candidate Name		Transaction ID : SB17.I162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 549.19
Candidate Name		Transaction ID : SB17.I163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1550.23
<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 93 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 890.87		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I170		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 32.99		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I171		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 888.67		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I172		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1812.53
<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 94 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 12.37		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I174		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 403.92		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I179		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 195.84		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I180		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	612.13
<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 95 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		001
Candidate Name		Amount of Each Disbursement this Period 20.35
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) ▼	Transaction ID : SB17.I53
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		001
Candidate Name		Amount of Each Disbursement this Period 508.20
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) ▼	Transaction ID : SB17.I57
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2019
Mailing Address P.O. BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES		001
Candidate Name		Amount of Each Disbursement this Period 80.20
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) ▼	Transaction ID : SB17.I58
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	608.75
<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 96 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 87.50		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I59		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 52.77		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I68		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 106.70		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I73		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	246.97
<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 97 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1.88		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I74		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 265.46		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I76		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 297.79		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I78		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	565.13
<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 98 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 18.69		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I81		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 48.71		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I83		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 15.23		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I85		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	82.63
<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 99 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 32.31		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I86		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 18.09		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I92		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 64.10		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I93		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	114.50
<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 100 OF 103			
	<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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2019		
Mailing Address P.O. BOX 9891			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 118.11		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.I94		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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).....▶	118.11
<b>TOTAL</b> This Period (last page this line number only).....▶	133692.63

**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 101 OF 103			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)  
**Salazar for Congress**

Full Name (Last, First, Middle Initial) <b>A. RUIZ-SANCHEZ, ODALYS, , MS.,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019		
Mailing Address 13360 SW 36TH ST			FEC Identification Number C		
City MIAMI	State FL	Zip Code 33175-6911	Amount of Each Disbursement this Period 2800.00		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.I134		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2800.00

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

NAME OF COMMITTEE (In Full) **Salazar for Congress** Transaction ID : **SC10.142**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SALAZAR, MARIA, ELVIRA, ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1230 Mendavia Ave			
City Coral Gables	State FL	ZIP Code 33146	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M <sup>09</sup> / D <sup>30</sup> / Y 2019 Y	Date Due M <sup>11</sup> / D <sup>03</sup> / Y 2020 Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Salazar for Congress** Transaction ID : **SC10.184**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SALAZAR, MARIA, ELVIRA, ,</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 558033			
City MIAMI	State FL	ZIP Code 33255-8033	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M 12 <sup>M</sup> / D 31 <sup>D</sup> / Y 2019 Y	Date Due M 11 <sup>M</sup> / D 03 <sup>D</sup> / Y 2020 Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	100000.00

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