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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. COX ALOMAR 2012 INC 403 AVENIDA CONSTITUCION ADDRESS (number and street) (Check if address is changed) SAN JUAN 00906 PR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS coxalomar2012.inc@gmail.com (Check if address is changed) Optional Second E-Mail Address ilamboyhernandez@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2014 C00506212 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Javier J Lamboy Hernandez Type or Print Name of Treasurer Javier J Lamboy Hernandez [Electronically Filed] 02 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC I	Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE	
Candida	te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate	Rafael Cox Alomar	<u> </u>
Candidate	Office County V House County Dresident	State
Party Affili	ation Sought: X House Senate President	District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for toommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Сс	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Daviced Of	2/2000)	Dogo 9
FEC Form 1 (Revised 02 Write or Type Committee Name		Page 3
COX ALOMAR 2	2012 INC	
	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
-	gainzation, Anniated Committee, South Fandraising Representative, o	" Leadership i No oponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number optional) and position of the per	son in possession of committee
Javier J Lar	mboy Hernandez	
	Carmen St. # 5	
Mailing Address	Isabelle Bldg Apt # 2	
	San Juan	00917
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 78	37
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	nboy Hernandez	1
of Treasurer	Carmen St. # 5	
Mailing Address	Isabelle Bldg Apt # 2	
	San Juan     PR	00917
	CITY STATE	ZIP CODE
Title or Position Treasurer	78 Telephone number	

FEC <b>Forr</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
Title on Decition	CITY STATE	ZIP CODE
Title or Position		
	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.  Banco Popular de Puerto Rico	
safety deposit bo	oxes or maintains funds.  Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708	
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708	
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708	36-2708
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708	
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE	36-2708
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE  Depository, etc.	36-2708 ZIP CODE
Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE  Depository, etc.	36-2708 ZIP CODE
safety deposit be Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE  Depository, etc.	36-2708 ZIP CODE
Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE  Depository, etc.	36-2708 ZIP CODE
Name of Bank, I	Depository, etc.  Banco Popular de Puerto Rico  P.O. Box 362708  San Juan  CITY  STATE  Depository, etc.	36-2708 ZIP CODE