

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
COX ALOMAR 2012 , INC.

ADDRESS (number and street) P.O. Box 367921
 Check if different than previously reported. (ACC) San Juan PR 00936-7921

2. **FEC IDENTIFICATION NUMBER** C C00506212 **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) **STATE** **DISTRICT**
PR 01

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 03 / 18 / 2012 in the State of PR
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 03 / 18 / 2012 in the State of PR

5. Covering Period 01 / 01 / 2012 through 02 / 27 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jaime Luis Sanabria Montanez
Signature of Treasurer Jaime Luis Sanabria Montanez *[Electronically Filed]* Date 03 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 63

Write or Type Committee Name

COX ALOMAR 2012 , INC.

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))....	67349.76	85111.59
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67349.76	85111.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37795.89	44152.39
(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)).....	37795.89	44152.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	39409.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	100.01	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	59397.74	

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 12/2003)

Write or Type Committee Name

COX ALOMAR 2012 , INC.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46461.45	62323.28
(ii) Unitemized.....	19888.31	21788.31
(iii) TOTAL of contributions from individuals ▶	66349.76	84111.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	67349.76	85111.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	67349.76	85111.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37795.89	44152.39
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	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1045.50	1549.96
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	38841.39	45702.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10900.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67349.76
25. SUBTOTAL (add Line 23 and Line 24).....	78250.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38841.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39409.24

**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 5 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Hilda Acevedo

Mailing Address **Parque del Sol**
Theves St. A-14

City **Bayamon** State **PR** Zip Code **00959**

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

Name of Employer **unemployed** Occupation **Homemaker**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
209.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2012

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period
209.46
 In-kind - beverages for fundraising event

B. Full Name (Last, First, Middle Initial)
Rafael Alomar Colon

Mailing Address **Cond. Vista Verde Apt. 601**
San Ignacio Ave.

City **San Juan** State **PR** Zip Code **00921**

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

Name of Employer **self employed** Occupation **electrician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
210.00
 In-kind - for installation of lamps in office area

C. Full Name (Last, First, Middle Initial)
Salvador J Antonetti Stuts

Mailing Address **Cond. Park Boulevard Apt. 316**
Laurel St. 2305

City **San Juan** State **PR** Zip Code **00913**

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

Name of Employer **Oneill and Borges** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period
250.00

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

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

669.46

**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 6 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Maria T. Aponte

Mailing Address P.O. Box 523152

City Springfield State VA Zip Code 22152

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

Name of Employer unemployed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2012

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Juan M. Aranda

Mailing Address Palma Sola HA-7

City Guaynabo State PR Zip Code 00966

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
John Arruza

Mailing Address Paseo Mayor C-31 Street #8

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
 300.00

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: (check only one)	PAGE 7 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Pablo I. Ateri

Mailing Address **PO Box 8387**

City **Humacao** State **PR** Zip Code **00792**

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

Name of Employer **self employer** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Guillermo Aviles Aguirrechea

Mailing Address **Palma Real D-8 Street # 5**

City **Guaynabo** State **PR** Zip Code **00966**

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

Name of Employer **Graphic Printing** Occupation **Printing Technician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Roberto H Baez Torres

Mailing Address **Cond. Harbor Plaza Apt. # 105**
105 Gilberto Concepcion de Gracia

City **San Juan** State **PR** Zip Code **00901**

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

Name of Employer **unemployed** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Gisela Bello

Mailing Address 8340 NW 115 Ct

City Doral State PR Zip Code 33178

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

Name of Employer unemployed Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Benjamin Betancourt Aquino

Mailing Address 1501 Fernandez Juncos Ave.
Betancourt Bldg. Floor #4

City San Juan State PR Zip Code 00910

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Jose I. Blanco

Mailing Address PO Box 191787

City San Juan State PR Zip Code 00919-1787

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

Name of Employer Art Draft Authority Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period
 300.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Alejandro Carrasco

Mailing Address Bahia 10286
Las Verandas

City Rio Grande State PR Zip Code 00745

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

Name of Employer self employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Eric J. Carro Jimenez

Mailing Address Ext. Santa Maria
1913 Platanillo St.

City San Juan State PR Zip Code 00917

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Antonio Casellas Fernandez

Mailing Address Estancias de Torrimar
65 Caoba St.

City Guaynabo State PR Zip Code 00966

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

Name of Employer self employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Antonio Jose Casilas

Mailing Address Box 667

City Humacao State PR Zip Code 00792

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Hector Coto

Mailing Address PO Box 21094

City San Juan State PR Zip Code 00928-1094

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Rafael A. Cox Rosario

Mailing Address P.O. Box 366676

City San Juan State PR Zip Code 00936-6676

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

Name of Employer U.P.R School of Medicine Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
 2500.00

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 11 OF 63
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Ivette Cruz Pagan

Mailing Address **PO Box 6798**

City **San Juan** State **PR** Zip Code **00914**

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

Name of Employer **self employed** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jose Ramon Cumba

Mailing Address **PO Box 130**

City **Bayamon** State **PR** Zip Code **00960**

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

Name of Employer **self employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Efrain A. Defendini

Mailing Address **Isla Verde**
Lirio St. # 2

City **Carolina** State **PR** Zip Code **00978**

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

Name of Employer **University of Puerto Rico** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
01 / 13 / 2012

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 500.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Juan R. Diaz Troche

Mailing Address Road 351 # 3230

City Mayaguez State PR Zip Code 00682

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

Name of Employer self employed Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Juan R. Diaz Troche

Mailing Address Road 351 # 3230

City Mayaguez State PR Zip Code 00682

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

Name of Employer self employed Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
John Fehrenbach

Mailing Address 2809 Valley Dr.

City Alexandria State VA Zip Code 22302

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

Name of Employer Winston Strawn Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 13 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Roberto Galindez Feliciano

Mailing Address Ave. Barbosa 115 altos

City State Zip Code
Catano PR 00962

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

Name of Employer self employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Manuel Garcia Gonzalez

Mailing Address P.O. Box 9024266

City State Zip Code
San Juan PR 00902

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

Name of Employer self employed Occupation Businessman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Luis I. Garcia Robaina

Mailing Address Las Flores de Montehiedra
622 Miramelinda St.

City State Zip Code
San Juan PR 00926

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

Name of Employer Hera Printing Occupation Businessman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 14 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Bryant Gardner

Mailing Address 1460 Church St. N.W.

City Washington State DC Zip Code 20005

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

Name of Employer Winston and Strawn Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2012

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Miguel Girod

Mailing Address PO Box 190863

City San Juan State PR Zip Code 00919

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

Name of Employer Spectrometrix Occupation Seller - medical equipment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Carlos E. Girod Morales

Mailing Address PO Box 13617

City San Juan State PR Zip Code 00908

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
300.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Xavier Gonzalez Goenaga

Mailing Address PO Box 364643

City San Juan State PR Zip Code 00936-4643

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

Name of Employer Fulcro Occupation Insurance Broker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Martin Gonzalez Luna

Mailing Address Urb. Panorama A2 Calle 2

City Bayamon State PR Zip Code 00957-4379

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

Name of Employer unemployed Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2012

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
 264.00

Amount of Each Receipt this Period
 264.00

C. Full Name (Last, First, Middle Initial)
Francisco Guerrero

Mailing Address Pmb 357 200 Ave. Rafael Cordero Suite 140

City Caguas State PR Zip Code 00725

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
 300.00

Amount of Each Receipt this Period
 300.00

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

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

1564.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Peter N. Hiebert

Mailing Address 3207 Rolling Rd PH 301

City State Zip Code
Chevy Chase MD 20815-4035

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

Name of Employer Occupation
Winston Strawn Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jose R Huerta

Mailing Address Villas de San Francisco
Street # 2 C-4

City State Zip Code
San Juan PR 00927

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

Name of Employer Occupation
self employed Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lawrence Kiern

Mailing Address 1477 Evans Farm Drive

City State Zip Code
Mc Lean VA 22101-5655

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

Name of Employer Occupation
Winston and Strawn Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2012

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Chester Kwong

Mailing Address 2651 Ponte Vedra St.

City Ponce State PR Zip Code 00716

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

Name of Employer self employed Occupation Businessman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephan La Barbera Bailey

Mailing Address 1445 P St. NW Apt. 703

City Washington State WA Zip Code 20005

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

Name of Employer Prime Policy Group Occupation Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gilberto Lajara Castillo

Mailing Address Urb. Arboleda Robles St. E-13

City Caguas State PR Zip Code 00727

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

Name of Employer Businessman Occupation self-employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1337.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2012

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
900.00
In-kind - catering costs for fundraising activity

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Fernando Lopez		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address Plaza Scotiabank 1400		Transaction ID : SA11AI.4929	
City San Juan	State PR	Zip Code 00917	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Mass Mutual	Occupation Insurance Broker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Pablo Lopez Huertas		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2012	
Mailing Address La Villa de Torrimar 298 Rey Felipe		Transaction ID : SA11AI.4694	
City Guaynabo	State PR	Zip Code 00969	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Huertas Jr. College	Occupation Civil Engineer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Carlos Lopez Rosario		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2012	
Mailing Address PO Box 8140		Transaction ID : SA11AI.4564	
City San Juan	State PR	Zip Code 00910	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self employed	Occupation Business		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
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 19 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Ruben Marrero Vazquez

Mailing Address **Parque Monte Bello C-7 Street 4**

City **Trujillo Alto** State **PR** Zip Code **00976**

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

Name of Employer **self employed** Occupation **Painter**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2012

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Jose A. Martinez

Mailing Address **Cond. Los Olmos Apt. # 6K
Nevarez St.**

City **San Juan** State **PR** Zip Code **00927**

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

Name of Employer **unemployed** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Edgardo Medina Barcelo

Mailing Address **PO Box 363745**

City **San Juan** State **PR** Zip Code **00936-3745**

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

Name of Employer **self employed** Occupation **Insurance Agent**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
300.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Rosadela Medina de Garity

Mailing Address **Atalaya St. D-11**

City **Guaynabo St.** State **PR** Zip Code **00966**

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

Name of Employer **unemployed** Occupation **Homemaker**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thomas L. Mills

Mailing Address **643 Ranger Court**

City **Davidsonville** State **MD** Zip Code **21035**

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

Name of Employer **Winston Strawn** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Luis Molinary Fernandez

Mailing Address **Monte Verde Real
8 Calle Vereda**

City **San Juan** State **PR** Zip Code **00926**

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

Name of Employer **self employed** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
300.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Charles B. Molster III

Mailing Address 815 Blacks Hill RD.

City State Zip Code
Great Falls VA 22066-1301

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

Name of Employer Occupation
Winston Strawn Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2012

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Raul Montegudo

Mailing Address PMB 272
5900 Isla Verde Ave.

City State Zip Code
Carolina PR 00979

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

Name of Employer Occupation
self employed Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Gerald A. Morrissey III

Mailing Address 423 M St. NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Winston Strawn Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
James S Normile

Mailing Address 220 Byram Lake Rd.

City Bedford Corners State NY Zip Code 10549

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

Name of Employer Winston and Strawn Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2012

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jorge Ortega Gil

Mailing Address San Francisco
1674 Verhens St.

City San Juan State PR Zip Code 00927

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period
 372.25

In-kind - Fundraising activity - expenses

C. Full Name (Last, First, Middle Initial)
Luis Ortiz Lugo

Mailing Address Bo. Barrancas 3 St. # 157

City Guayama State PR Zip Code 00784

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

Name of Employer AAA Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2012

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
 250.00

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

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

1122.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Martin P. Paone

Mailing Address 11282 Spyglass Lane

City Reston State VA Zip Code 20191

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

Name of Employer Prime Policy Group Occupation Executive Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2012

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
George Perez Borrero

Mailing Address PO Box 1866

City Luquillo State PR Zip Code 00773

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

Name of Employer self employed Occupation Accountant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Ricardo Perez Borrero

Mailing Address Urb. Garcia Ponce B-13

City Fajardo State PR Zip Code 00738

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

Name of Employer self employed Occupation Administrator

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period
 600.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Edwin Perez Marrero

Mailing Address PO Box 34903

City San Juan State PR Zip Code 00936

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Orlando J. Perez Rodriguez

Mailing Address Villas de Parana
S8-15 Street 8

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Victor E. Portugues

Mailing Address Dorado Beach E # 191

City Dorado State PR Zip Code 00646

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

Name of Employer self-employed Occupation Businessman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period
 2500.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Jose E Quinones Archilla

Mailing Address Cond Plaza Imaculada Apt. 90
1717 Ponce de Leon Ave.

City San Juan State PR Zip Code 00909

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

Name of Employer self employed Occupation Financial Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Amilcar Ramirez

Mailing Address Ponce de Leon Ave. Parada 22
Apt.# 177

City San Juan State PR Zip Code 00901

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

Name of Employer self employed Occupation Publicist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period
270.00
In-kind - stage for fundraising event

C. Full Name (Last, First, Middle Initial)
Nyrsa Ramos Perez

Mailing Address San Pedro States
C-15 San Ignacio

City Caguas State PR Zip Code 00725

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

Name of Employer self employed Occupation Education Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
250.00

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

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

820.00

**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 63
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Jose Reyes

Mailing Address Hacienda El Molino
12 Paseo Madrid

City Vega Alta State PR Zip Code 00692

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jose Carlos Reyes Pena

Mailing Address Haciendas el Molino
12 Paseo Madrid

City Vega Alta State PR Zip Code 00692

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Alejandro Riera

Mailing Address Urb. Miraville
Moradilla St. B-1

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Businessman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2012

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period
 500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Felix Rios		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address Paseo Alto 27 Calle 2		Transaction ID : SA11AI.4736	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Myriam Rivera		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2012	
Mailing Address Road 165 #100 Suite 512		Transaction ID : SA11AI.4913	
City Guaynabo	State PR	Zip Code 00968	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 In-kind - catering costs for fundraising event	
Name of Employer Central 12	Occupation Administrator		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Mae Rivera Janer		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address 554 Perseo St. Apt 1101		Transaction ID : SA11AI.4718	
City San Juan	State PR	Zip Code 00920	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer unemployed	Occupation Homemaker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Flavia Rivera Moreno

Mailing Address Cond. Las Americas Park I Apt.1504
920 Jesus T Pinero

City San Juan State PR Zip Code 00921-1910

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

Name of Employer Casa Productora Latitud Occupation Office Manager

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hector Rodriguez

Mailing Address PO Box 224

City Salinas State PR Zip Code 00751

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

Name of Employer Triple S Occupation Vice President - Quality

Receipt For: 2012 Primary General
 Other (specify)

Election Cycle-to-Date **488.05**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2012

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period
488.05
In-kind - catering costs for fundraising activities

C. Full Name (Last, First, Middle Initial)
Carlos Rodriguez del Valle

Mailing Address Hacienda San Jose
813 Via Primavera

City Caguas State PR Zip Code 00727

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

Name of Employer self employed Occupation Physician

Receipt For: 2012 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period
300.00

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

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

1038.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Wilma Rodriguez Mojica

Mailing Address Cond. Parque de las Fuentes
690 Cesar Gonzalez Apt. 2403

City San Juan State PR Zip Code 00918

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Luis Rojas Franco

Mailing Address Domenech St. # 375
Hato Rey

City San Juan State PR Zip Code 00918

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

Name of Employer self employed Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Rafael E Rueda

Mailing Address Los Campos de Montehiedra
729 Valle del Turabo

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Roberto Ruiz Lopez

Mailing Address **PO Box 366512**

City **San Juan** State **PR** Zip Code **00936**

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

Name of Employer **self employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Carlos Salgado Bravo

Mailing Address **P.O. Box 560**

City **Arecibo** State **PR** Zip Code **00613**

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

Name of Employer **self employed** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jorge L. Sanchez Colon

Mailing Address **Chalets de Snata Maria # 24**

City **San Juan** State **PR** Zip Code **00927**

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

Name of Employer **self employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Jorge Sanders		Date of Receipt MM / DD / YYYY 02 / 25 / 2012
Mailing Address Villa Caparra Genova B-9		Transaction ID : SA11AI.4981
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer unemployed	Occupation student	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Maria L. Santaella Arguinzoni		Date of Receipt MM / DD / YYYY 02 / 16 / 2012
Mailing Address PO Box 366676		Transaction ID : SA11AI.4849
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.59
Name of Employer unemployed	Occupation Retired	In-kind - water cooler
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 338.56	

Full Name (Last, First, Middle Initial) C. Maria L. Santaella Arguinzoni		Date of Receipt MM / DD / YYYY 02 / 17 / 2012
Mailing Address PO Box 366676		Transaction ID : SA11AI.4851
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 184.62
Name of Employer unemployed	Occupation Retired	In-kind - office supplies
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 523.18	

SUBTOTAL of Receipts This Page (optional).....	677.21
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 32 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Maria L. Santaella Arguinzoni

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **593.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period
70.46
 In-kind - office supplies

B. Full Name (Last, First, Middle Initial)
Maria L. Santaella Arguinzoni

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1293.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period
700.02
 In-kind - Fundraising activity - expenses

C. Full Name (Last, First, Middle Initial)
Daniel Santos

Mailing Address 1621 Fremont Lane

City Vienna State VA Zip Code 22182

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

Name of Employer Nuclear Regulatory Commission Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2012

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period
1000.00

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

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

1770.48

**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 33 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
James P. Smith

Mailing Address 3339 Stephenson Place NW

City Washington State DC Zip Code 20015

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

Name of Employer SDA Global Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2012

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Margarita Suarez

Mailing Address Washington St. #57 2nd floor

City San Juan State PR Zip Code 00907

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

Name of Employer University Occupation student

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Edmee Torres Olivo

Mailing Address Urb. Monte Claro
Mk 36 Plaza 40

City Bayamon State PR Zip Code 00961

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

Name of Employer Timing Occupation Businessman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Jose Vargas

Mailing Address PO Box 6030 PMB 132

City State Zip Code
Carolina PR 00984

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

Name of Employer self employed Occupation Biologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Silvio Velez Estrada

Mailing Address Terrazas de Parque Escorial Apt. 5411

City State Zip Code
Carolina PR 00987

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

Name of Employer Instituto de Medicina Pediatri Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Enrique A Vera Sanchez

Mailing Address El Remanso Arroyo St. A-11

City State Zip Code
San Juan PR 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
Edgardo Viera Arroyo

Mailing Address Sabanera Dorada
121 Camino Los Lotos

City Dorado State PR Zip Code 00646

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

Name of Employer Echovan Occupation Publicist

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Enrique Vila del Corral

Mailing Address PO Box 11363

City San Juan State PR Zip Code 00922-1363

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

Name of Employer Vila del Corral and Company Occupation Vice President - CPA

Receipt For: 2012 Primary General Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Virella Cruz

Mailing Address Santa Rosa
15 Street Blq 25-11

City Bayamon State PR Zip Code 00959

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

Name of Employer self employed Occupation Physician

Receipt For: 2012 Primary General Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
300.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
John A. Waits

Mailing Address 6609 Persimmon Tree Rd.

City State Zip Code
Cabin John MD 20818-1217

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

Name of Employer Occupation
Winston Strawn Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Paul Weiss

Mailing Address 5343 32nd St.NW

City State Zip Code
Washington DC 20015-1359

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

Name of Employer Occupation
Prime Policy Group Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1100.00

46461.45

**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 37 OF 63
	<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)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : SA11C.4891

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 38 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Sami Abu Osba		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 666.38 Transaction ID : SB17.4772
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense for campaign vehicle Category/Type 002	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) B. Sami Abu Osba		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 781.65 Transaction ID : SB17.4773
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense for campaign vehicle Category/Type 002	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) c. Hilda Acevedo		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address Parque del Sol Theves St. A-14		Amount of Each Disbursement this Period 209.46 Transaction ID : SB17.4927
City Bayamon State PR Zip Code 00959	Purpose of Disbursement In-kind - beverages for fundraising event Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1657.49
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Carmen E. Acevedo Betancourt		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4783
City San Juan State PR Zip Code 00918	Purpose of Disbursement communication consulting services Category/Type 001	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) B. Marilyn Almodovar Ponce		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address Cond. Alborada Apt. 3732		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4781
City San Juan State PR Zip Code 00959	Purpose of Disbursement public relations professional services Category/Type 001	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) c. Rafael Alomar Colon		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.		Amount of Each Disbursement this Period 609.00 Transaction ID : SB17.4779
City San Juan State PR Zip Code 00921	Purpose of Disbursement fluorescent lamps replacement/installation Category/Type 001	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3409.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 63	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Rafael Alomar Colon		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.		Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.4796
City San Juan	State PR Zip Code 00921	
Purpose of Disbursement In-kind - for installation of lamps in office area		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For: 2012	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Manuel E. Avila De Jesus		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 251.04 Transaction ID : SB17.4816
City San Juan	State PR Zip Code 00910-0155	
Purpose of Disbursement reimbursement for office supplies		Category/ Type
Candidate Name COX ALOMAR 2012 , INC.		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) c. Manuel E. Avila De Jesus		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.4817
City San Juan	State PR Zip Code 00910-0155	
Purpose of Disbursement reimbursement for taxi expense		Category/ Type
Candidate Name COX ALOMAR 2012 , INC.		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	571.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Manuel E. Avila De Jesus		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 249.83 Transaction ID : SB17.4818
City San Juan	State PR	
Zip Code 00910-0155	Purpose of Disbursement reimbursement for office supplies and equipment	Category/ Type 001
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Caguas Expressway Motors		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.4836
City San Juan	State PR	
Zip Code 00902	Purpose of Disbursement campaign vehicle rental	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) c. Caguas Expressway Motors		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.4898
City San Juan	State PR	
Zip Code 00902	Purpose of Disbursement Campaign vehicle rental	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3549.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Luis Calderon Navarro			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 70.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4812	
Purpose of Disbursement reimbursement for taxi expense = Washington		Category/ Type 002		
Candidate Name COX ALOMAR 2012 , INC.				
Office Sought: <input checked="" 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: PR District: 01				

Full Name (Last, First, Middle Initial) B. Luis Calderon Navarro			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 220.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4801	
Purpose of Disbursement meals for campaign escorts		Category/ Type 007		
Candidate Name COX ALOMAR 2012 , INC.				
Office Sought: <input checked="" 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: PR District: 01				

Full Name (Last, First, Middle Initial) c. Luis Calderon Navarro			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 130.80	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4800	
Purpose of Disbursement reimbursement for hotel room - campaign activity		Category/ Type 002		
Candidate Name COX ALOMAR 2012 , INC.				
Office Sought: <input checked="" 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: PR District: 01				

SUBTOTAL of Disbursements This Page (optional).....	420.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 08 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period \$ 50.00 Transaction ID : SB17.4802
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement gasoline expense for campaign vehicle	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 16 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period \$ 90.00 Transaction ID : SB17.4803
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement expense for meals - campaign volunteers	Category/ Type 007
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) c. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period \$ 100.00 Transaction ID : SB17.4804
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement purchase of campaign materials	Category/ Type 006
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

SUBTOTAL of Disbursements This Page (optional).....	\$ 240.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4805
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement gasoline expense for campaign vehicle	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4806
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement meals expense for campaign volunteers	Category/ Type 007
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) c. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4807
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement meals expense for campaign volunteers	Category/ Type 007
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Luis Calderon Navarro		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4808
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement gasoline expense for campaign vehicle	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Pedro Clemente Quinones		Date of Disbursement MM / DD / YYYY 01 / 12 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 916.67 Transaction ID : SB17.4833
City San Juan	State PR	
Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle	Category/ Type 004
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) c. Pedro Clemente Quinones		Date of Disbursement MM / DD / YYYY 01 / 26 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 966.67 Transaction ID : SB17.4834
City San Juan	State PR	
Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle	Category/ Type 004
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1983.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Pedro Clemente Quinones		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 966.67 Transaction ID : SB17.4835
City San Juan State PR Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle Category/Type 002	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) B. Grupo Musical Doble Contacto		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2012
Mailing Address HC02 Box 17000		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4907
City Arecibo State PR Zip Code 00612	Purpose of Disbursement Music for fundraising event Category/Type 007	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) c. Happy Productions		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2012
Mailing Address PO Box 19569		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.4903
City San Juan State PR Zip Code 00910-1569	Purpose of Disbursement Theater space rental for candidate presentation activity Category/Type 007	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2691.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Gilberto Lajara Castillo		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address Urb. Arboleda Robles St. E-13		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4858
City Caguas	State PR Zip Code 00727	
Purpose of Disbursement In-kind - catering costs for fundraising activity		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Luis E. Matos Hicks		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 1916 Loiza Street 2nd floor		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4766
City San Juan	State PR Zip Code 00911	
Purpose of Disbursement photos of campaign activity		Category/ Type
Candidate Name COX ALOMAR 2012 , INC.		
Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) c. Nostrom Moving Images		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 909 Calle Escorial #1		Amount of Each Disbursement this Period 6273.75 Transaction ID : SB17.4790
City San Juan	State PR Zip Code 00920-2008	
Purpose of Disbursement Photos for campaign activities		Category/ Type
Candidate Name COX ALOMAR 2012 , INC.		
Office Sought: <input checked="" 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: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	7473.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 63		
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 01 / 08 / 2012
Mailing Address # 9 Los Frailes Ind. Park		Amount of Each Disbursement this Period 652.68
City Guaynabo	State PR	
Zip Code 00969	Purpose of Disbursement Computer and Flexi File	Transaction ID : SB17.4759
Candidate Name COX ALOMAR 2012 , INC.	Category/ Type 001	
Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) B. One Link Communications		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 591.00
City San Juan	State PR	
Zip Code 00919-2296	Purpose of Disbursement telephone services expense	Transaction ID : SB17.4761
Candidate Name COX ALOMAR 2012 , INC.	Category/ Type 001	
Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) c. One Link Communications		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 72.35
City San Juan	State PR	
Zip Code 00919-2296	Purpose of Disbursement telephone services expense	Transaction ID : SB17.4763
Candidate Name COX ALOMAR 2012 , INC.	Category/ Type 001	
Office Sought: <input checked="" 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: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1316.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Jorge Ortega Gil			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012	
Mailing Address San Francisco 1674 Verhens St.			Amount of Each Disbursement this Period 372.25	
City San Juan	State PR	Zip Code 00927	Transaction ID : SB17.4828	
Purpose of Disbursement In-kind - Fundraising activity - expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Nereida Ortiz Vazquez			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012	
Mailing Address PO Box 194555			Amount of Each Disbursement this Period 343.35	
City San Juan	State PR	Zip Code 00919	Transaction ID : SB17.4814	
Purpose of Disbursement reimbursement for hotel room - campaign activity Ponce		Category/ Type 007		
Candidate Name COX ALOMAR 2012 , INC.				
Office Sought: <input checked="" 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: PR District: 01				

Full Name (Last, First, Middle Initial) c. Paper Tree Office Supplies			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012	
Mailing Address Almendros St. C-3 Villa Hucar			Amount of Each Disbursement this Period 545.53	
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.4768	
Purpose of Disbursement Office furniture		Category/ Type 001		
Candidate Name COX ALOMAR 2012 , INC.				
Office Sought: <input checked="" 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: PR District: 01				

SUBTOTAL of Disbursements This Page (optional).....	1261.13
TOTAL 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 50 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Partido Popular Democratico Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 403 Constitucion Ave.			Amount of Each Disbursement this Period 1900.00 Transaction ID : SB17.4895
City San Juan	State PR	Zip Code 00906	
Purpose of Disbursement Office space rental		Category/ Type 001	
Candidate Name COX ALOMAR 2012 , INC.			
Office Sought: <input checked="" 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: PR	District: 01		

Full Name (Last, First, Middle Initial) B. Amilcar Ramirez			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address Ponce de Leon Ave. Parada 22 Apt.# 177			Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4918
City San Juan	State PR	Zip Code 00901	
Purpose of Disbursement In-kind - stage for fundraising event		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Jose Rivera			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address Santa Elena St # 9 A-2			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4785
City San Juan	State PR	Zip Code 00957	
Purpose of Disbursement telephones installations		Category/ Type 001	
Candidate Name COX ALOMAR 2012 , INC.			
Office Sought: <input checked="" 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: PR	District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2670.00
TOTAL 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 51 OF 63		
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Myriam Rivera		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address Road 165 #100 Suite 512		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4915
City Guaynabo	State PR	
Zip Code 00968	Purpose of Disbursement In-kind - catering costs for fundraising event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hector Rodriguez		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2012
Mailing Address PO Box 224		Amount of Each Disbursement this Period 488.05 Transaction ID : SB17.4999
City Salinas	State PR	
Zip Code 00751	Purpose of Disbursement In-kind - catering costs for fundraising activities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Jaime Luis Sanabria Montanez		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 621.40 Transaction ID : SB17.4813
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement reimbursement for airline tickets - Washington	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: PR District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3609.45
TOTAL 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 52 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Jaime Luis Sanabria Montanez		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 1080.91 Transaction ID : SB17.4810
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement reimbursement for hotel room - Washington	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Jaime Luis Sanabria Montanez		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 156.00 Transaction ID : SB17.4811
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement reimbursement for meals - Washington	Category/ Type 002
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) c. Maria L. Santaella Arguinzoni		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 192.59 Transaction ID : SB17.4850
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - water cooler	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 2012	

SUBTOTAL of Disbursements This Page (optional).....	1429.50
TOTAL 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 53 OF 63	
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Maria L. Santaella Arguinzoni			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012	
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 955.10	
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.4852	
Purpose of Disbursement In-kind - office supplies		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. Maria L. Santaella Arguinzoni			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012	
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 70.46	
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.4854	
Purpose of Disbursement In-kind - office supplies		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) c. Maria L. Santaella Arguinzoni			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 700.02	
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.4825	
Purpose of Disbursement In-kind - Fundraising activity - expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	955.10
TOTAL 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 54 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Jose I. Torres		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2012
Mailing Address HC07 Box 70574 Bo.Calabazas		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4905
City San Sebastian	State PR Zip Code 00685	
Purpose of Disbursement Artistic show for Fund Raising event	Category/Type 007	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) B. Unlimited Print		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address De Diego Ave. #765		Amount of Each Disbursement this Period 227.91 Transaction ID : SB17.4764
City San Juan	State PR Zip Code 00921	
Purpose of Disbursement T-shirts printing	Category/Type 007	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

Full Name (Last, First, Middle Initial) c. Vias Car Rental of PR		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address Isla Verde		Amount of Each Disbursement this Period 509.50 Transaction ID : SB17.4770
City Carolina	State PR Zip Code 00979	
Purpose of Disbursement vehicle rental	Category/Type 002	
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1137.41
TOTAL 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 55 OF 63			
	<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)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Wave Ranch Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address HC 72 Box 3766 PMB 323		Amount of Each Disbursement this Period 1059.84
City Naranjito State PR Zip Code 00719-9788	Purpose of Disbursement T-shirts and polo printing	
Candidate Name COX ALOMAR 2012 , INC.	Category/Type 007	Transaction ID : SB17.4774
Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Wave Ranch Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address HC 72 Box 3766 PMB 323		Amount of Each Disbursement this Period 967.81
City Naranjito State PR Zip Code 00719-9788	Purpose of Disbursement T-shirts and polo printing	
Candidate Name COX ALOMAR 2012 , INC.	Category/Type 007	Transaction ID : SB17.4776
Office Sought: <input checked="" 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: PR District: 01	

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

SUBTOTAL of Disbursements This Page (optional).....	2027.65
TOTAL This Period (last page this line number only).....	36703.19

**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 56 OF 63
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 1008.00 Transaction ID : SB21.5001
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement 002	Category/ Type
Candidate Name COX ALOMAR 2012 , INC.	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PR District: 01		

Full Name (Last, First, Middle Initial) B. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 Transaction ID : SB21.4837
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement service fee 001	Category/ Type
Candidate Name COX ALOMAR 2012 , INC.	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PR District: 01		

Full Name (Last, First, Middle Initial) c. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 2.00 Transaction ID : SB21.4838
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement fee for checks notebook 001	Category/ Type
Candidate Name COX ALOMAR 2012 , INC.	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PR District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1025.00
TOTAL 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 57 OF 63			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 5.50 Transaction ID : SB21.4839
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement charge for excess of transactions	Category/ Type 001
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) B. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 Transaction ID : SB21.4840
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement service fee	Category/ Type 001
Candidate Name COX ALOMAR 2012 , INC.	Office Sought: <input checked="" 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: PR District: 01	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	20.50
TOTAL This Period (last page this line number only).....	1045.50

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pedro Clemente Quinones

Mailing Address Urb. Country Club
 1100 Carmen Busello St.

City State Zip Code
 San Juan PR 00924

Nature of Debt (Purpose):
 overpayment

Outstanding Balance Beginning This Period **Transaction ID : SD9.4979**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

100.01 0.00 100.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	100.01
2) TOTALS This Period (last page this line number only)	100.01
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	100.01

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carmen E. Acevedo Betancourt		Nature of Debt (Purpose): Communications consulting services
Mailing Address Urb. Roosevelt Canals St. #451		
City State	Zip Code	
San Juan	PR 00918	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4964	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marilyn Almodovar Ponce		Nature of Debt (Purpose): Public Relation Services
Mailing Address Cond. Alborada Apt. 3732		
City State	Zip Code	
San Juan	PR 00959	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4963	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caguas Expressway Motors		Nature of Debt (Purpose): Car Rental
Mailing Address P.O Box 50045		
City	State	Zip Code
San Juan	PR	00902

Outstanding Balance Beginning This Period	Transaction ID : SD10.4218	
<input type="text" value="1650.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1650.00"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2800.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caguas Expressway Motors		Nature of Debt (Purpose): Campaign vehicle rental
Mailing Address P.O Box 50045		
City State	Zip Code	
San Juan	PR 00902	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4897	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3300.00"/>	<input type="text" value="1650.00"/>	<input type="text" value="1650.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Central 12		Nature of Debt (Purpose): Campaign Media and Promotion
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City State	Zip Code	
Guaynabo	PR 00968	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4976	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="33502.00"/>	<input type="text" value="0.00"/>	<input type="text" value="33502.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pedro Clemente Quinones		Nature of Debt (Purpose): Campaign Jingle
Mailing Address Urb. Country Club 1100 Carmen Busello St.		
City State	Zip Code	
San Juan	PR 00924	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4256	
<input type="text" value="2750.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2850.01"/>	<input type="text" value="-100.01"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="35051.99"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carl Gibbs Acosta		Nature of Debt (Purpose): campaign statistics consultant
Mailing Address Cape Village B-4 Buzon 110		
City State	Zip Code	
Carolina	PR 00979	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4965	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Javier Lamboy		Nature of Debt (Purpose): Treasurer Assisstant
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		
City State	Zip Code	
San Juan	PR 00917	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4969	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Partido Popular Democratico Inc.		Nature of Debt (Purpose): OffIce space rent
Mailing Address 403 Constitucion Ave.		
City	State	Zip Code
San Juan	PR	00906

Outstanding Balance Beginning This Period	Transaction ID : SD10.4893	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2850.00"/>	<input type="text" value="1900.00"/>	<input type="text" value="950.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7450.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ricoh PR		Nature of Debt (Purpose): copy machine
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		
City State	Zip Code	
San Juan	PR 00917	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4971	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3660.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3660.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Sanchez Ortiz		Nature of Debt (Purpose): Escort Services
Mailing Address PO Box 194555		
City State	Zip Code	
San Juan	PR 00919	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4900	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategies Group Corp.		Nature of Debt (Purpose): video promotion
Mailing Address PO Box 367304		
City	State	Zip Code
San Juan	PR	00936-7304

Outstanding Balance Beginning This Period	Transaction ID : SD10.4974	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="9160.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 , INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edgardo Miguel Vazquez Rivera		Nature of Debt (Purpose): evaluation of campaing issues
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		
City State	Zip Code	
Guaynabo PR	00968-3022	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4967	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vias Car Rental of PR		Nature of Debt (Purpose): vehicle rental for campaign events
Mailing Address Isla Verde		
City State	Zip Code	
Carolina PR	00979	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4973	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2435.75"/>	<input type="text" value="0.00"/>	<input type="text" value="2435.75"/>

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4935.75"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="59397.74"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="59397.74"/>