



**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	140442.71	319576.75
(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)).....	140442.71	319576.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	129021.42	269511.97
(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)).....	129021.42	269511.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	45886.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100.01	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	82173.64	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74232.71	213838.44
(ii) Unitemized.....	63710.00	102238.31
(iii) TOTAL of contributions from individuals ▶	137942.71	316076.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	3500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	140442.71	319576.75
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	2100.00	2100.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	142542.71	321676.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	129021.42	269511.97
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 .....	4590.12	6278.08
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	133611.54	275790.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36955.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	142542.71
25. SUBTOTAL (add Line 23 and Line 24).....	179498.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	133611.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	45886.70

**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 151
	<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)  
**Lilliam Acevedo Torres**

Mailing Address Cond. Sanctus Spiritus Apt. 101

City San Juan State PR Zip Code 00926

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 **335.13**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2012

**Transaction ID : SA11AI.5973**

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
**Melba I. Acosta**

Mailing Address Cond. Torre Cibeles  
529 Cesar Gonzalez Apt. 1412

City San Juan State PR Zip Code 00918

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

Name of Employer Mc Connell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11AI.6079**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Melba I. Acosta**

Mailing Address Cond. Torre Cibeles  
529 Cesar Gonzalez Apt. 1412

City San Juan State PR Zip Code 00918

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

Name of Employer Mc Connell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.6738**

Amount of Each Receipt this Period  
 100.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 151
	<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) <b>A. Arturo Agosto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2012	
Mailing Address PO Box 1133		<b>Transaction ID : SA11AI.6219</b>	
City Manati	State PR	Zip Code 00674	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. Eugenio M. Alonso</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012	
Mailing Address Urb. Baldrich 202 Tous Soto St.		<b>Transaction ID : SA11AI.6801</b>	
City San Juan	State PR	Zip Code 00918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

Full Name (Last, First, Middle Initial) <b>C. Jose B. Andreu Garcia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012	
Mailing Address Paseo de la Fuente D-3 Calle Tiboli		<b>Transaction ID : SA11AI.7226</b>	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Jose Andreu Inc.	Occupation Engineer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 7 OF 151
	<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)  
**Salvador Antonetti**

Mailing Address PO Box 363507

City San Juan State PR Zip Code 00936-3507

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.10857**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Cond. Jardin 3 #426  
Calle Verbena

City Toa Alta State PR Zip Code 00953

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

Name of Employer Occupation  
Self-Employed Doctor

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  
 06 / 29 / 2012

**Transaction ID : SA11AI.6786**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jorge L. Aquino Munoz**

Mailing Address Box 1426

City Lares State PR Zip Code 00669

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

Name of Employer Occupation  
Self-Employed Lawyer

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  
 05 / 11 / 2012

**Transaction ID : SA11AI.6918**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

**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 151
	<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**

Full Name (Last, First, Middle Initial) <b>Angel M. Avila De Jesus</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address Hacienda San Jose 270 Via Cundeamor		<b>Transaction ID : SA11AI.6088</b>
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Insurance Broker	Occupation Carrion, Lafitte y Casellas	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) <b>Frederick Baraga Huyke</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address Cond. La Coruna 2023 Carr 177 Este Apt. 2203		<b>Transaction ID : SA11AI.6052</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Martinez, Odel & Caladia	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Marimar Benitez Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2012
Mailing Address Urb. Roosevelt 407 Jose R. Acosta St.		<b>Transaction ID : SA11AI.6385</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 151
	<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**

Full Name (Last, First, Middle Initial) <b>A. Efrain Bermudez Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2012
Mailing Address Calle 5 de octubre # 9		<b>Transaction ID : SA11AI.6507</b>
City Santa Isabel	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca M. Berrios Valines</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 79788		<b>Transaction ID : SA11AI.5807</b>
City Carolina	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Bayamon Community College	Occupation Professor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>C. Francisco G. Bruno Rovira</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address Urb. Torrimar J-5 Ridgewood		<b>Transaction ID : SA11AI.6089</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mc Connel & Valdes	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 151
	<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**

Full Name (Last, First, Middle Initial) <b>A. Francisco G. Bruno Rovira</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address Urb. Torrimar J-5 Ridgewood		<b>Transaction ID : SA11AI.6514</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Mc Connel & Valdes	Occupation Attorney	Amount of Each Receipt this Period 500.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Manuel Calero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2012
Mailing Address Box 801		<b>Transaction ID : SA11AI.7235</b>
City Rio Blanco	State PR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Farmer	Amount of Each Receipt this Period 1000.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Jorge Carbonell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2012
Mailing Address 605 Mississippi St.		<b>Transaction ID : SA11AI.6225</b>
City San Francisco	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Carbonnel Architecture & Int.	Occupation Architect	Amount of Each Receipt this Period 500.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	Amount of Each Receipt this Period 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	Amount of Each Receipt this Period

**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 11 OF 151
	<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 Carbonell Fernandez**

Mailing Address Calle Sol 350 Apt. 2

City Old 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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11AI.6771**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Olga R. Cardona Hernandez**

Mailing Address Cond. Plaza del Mar  
3001 Isla Verde Ave. PH 2401

City Carolina State PR Zip Code 00979-4958

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

Name of Employer Occupation

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  
**05 / 05 / 2012**

**Transaction ID : SA11AI.6575**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Olga R. Cardona Hernandez**

Mailing Address Cond. Plaza del Mar  
3001 Isla Verde Ave. PH 2401

City Carolina State PR Zip Code 00979-4958

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : SA11AI.6318**

Amount of Each Receipt this Period  
**200.00**

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

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

**1700.00**

**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 151
	<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 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6732**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Salvador Casellas Toro**

Mailing Address **PO Box 364225**

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

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

Name of Employer **Mc Connell & Valdes** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2012**

**Transaction ID : SA11AI.6037**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Samuel T. Cespedes**

Mailing Address **Urb. Garden Hills**  
**MA-5 Miramontes St.**

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

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

Name of Employer **Mc Conell & Valdes** Occupation **Attorney**

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  
**05 / 17 / 2012**

**Transaction ID : SA11AI.6038**

Amount of Each Receipt this Period  
**500.00**

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

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

**1300.00**

**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 151
	<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)  
**Samuel T. Cespedes**

Mailing Address Urb. Garden Hills  
MA-5 Miramontes St.

City Guaynabo State PR Zip Code 00966

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

Name of Employer Mc Conell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11AI.6098**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Samuel T. Cespedes**

Mailing Address Urb. Garden Hills  
MA-5 Miramontes St.

City Guaynabo State PR Zip Code 00966

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

Name of Employer Mc Conell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012

**Transaction ID : SA11AI.6508**

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
**Samuel T. Cespedes**

Mailing Address Urb. Garden Hills  
MA-5 Miramontes St.

City Guaynabo State PR Zip Code 00966

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

Name of Employer Mc Conell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11AI.6509**

Amount of Each Receipt this Period  
100.00

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

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

260.00

**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 151
	<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)  
**Hiram C. Chevere Amundaray**

Mailing Address Cond. Alto Monte, Apt. 1004

City San Juan State PR Zip Code 00926

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

Name of Employer Senior Mortgage Bankers, Inc. Occupation Executive

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  
 06 / 08 / 2012

**Transaction ID : SA11AI.6858**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos M. Chevere Mourino**

Mailing Address Urb. Paseos San Juan Ave. Las Palomas G-1

City San Juan State PR Zip Code 00926

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

Name of Employer Self-Employed Occupation Doctor

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  
 06 / 08 / 2012

**Transaction ID : SA11AI.6860**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Francisco Chevere Mourino**

Mailing Address P.O. Box 364225

City San Juan State PR Zip Code 00936

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

Name of Employer Mc Connell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11AI.6091**

Amount of Each Receipt this Period  
250.00

**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 15 OF 151
	<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)  
**Francisco Chevere Mourino**

Mailing Address P.O. Box 364225

City San Juan State PR Zip Code 00936

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

Name of Employer Mc Connell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2012**

**Transaction ID : SA11AI.6862**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Maria G. Chevere Mourino**

Mailing Address Urb. San Patricio Calle Cerezo #5

City Guaynabo State PR Zip Code 00968

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2012**

**Transaction ID : SA11AI.6868**

Amount of Each Receipt this Period  
**550.00**

**C.** Full Name (Last, First, Middle Initial)  
**Maria G. Chevere Mourino**

Mailing Address Urb. San Patricio Calle Cerezo #5

City Guaynabo State PR Zip Code 00968

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1226.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2012**

**Transaction ID : SA11AI.6872**

Amount of Each Receipt this Period  
**676.33**

In-kind - Meals and beverages expense for fundraising activity.

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

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

**1326.33**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 151
	<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)  
**Sergio L. Chevere Mourino**

Mailing Address Urb. El Monte  
3166 Marbella St.

City Ponce State PR Zip Code 00716-4808

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

Name of Employer Primary Medical Group 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  
 05 / 17 / 2012

**Transaction ID : SA11AI.6094**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sergio L. Chevere Mourino**

Mailing Address Urb. El Monte  
3166 Marbella St.

City Ponce State PR Zip Code 00716-4808

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

Name of Employer Primary Medical Group Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012

**Transaction ID : SA11AI.6865**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ingrid C. Coldberg Rodriguez**

Mailing Address Cond. El Monte Norte Apt. 626

City San Juan State PR Zip Code 00918

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11AI.6051**

Amount of Each Receipt this Period  
200.00

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

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

1450.00



**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 151
	<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) <b>A. Jose R. Coleman Tio</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2012	
Mailing Address 164 Kirkland House ML CTR		<b>Transaction ID : SA11AI.6197</b>	
City Cambridge	State MA	Zip Code 02138	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Crawath, Swaine & Moore LLP	Occupation Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. Isabel Cortina</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address PO Box 10666		<b>Transaction ID : SA11AI.6794</b>	
City San Juan	State PR	Zip Code 00922	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00	
Name of Employer unemployed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>C. Maria L. Cox Alomar</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2012	
Mailing Address PMB 356 138 Winston Churchill Ave.		<b>Transaction ID : SA11AI.6403</b>	
City San Juan	State PR	Zip Code 00926-6013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer self employed	Occupation Administrator		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> 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 18 OF 151
	<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) <b>A. Rafael A. Cox Rosario</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012
Mailing Address P.O. Box 366676		<b>Transaction ID : SA11AI.7191</b>
City San Juan	State PR	
Zip Code 00936-6676		Amount of Each Receipt this Period 1361.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3861.00
Name of Employer U.P.R School of Medicine	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Maria Cristina Mena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2012
Mailing Address J-33 Bilbao St.		<b>Transaction ID : SA11AI.6071</b>
City Guaynabo	State PR	
Zip Code 00969-4613		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mc Connell & Valdes	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Betzaida Cruz Colon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2012
Mailing Address P.O. Box 3418		<b>Transaction ID : SA11AI.6029</b>
City Bayamon	State PR	
Zip Code 00958		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1711.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 151
	<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)  
**Nylmer Cruz Pagan**

Mailing Address P.O. Box 6798

City San Juan State PR Zip Code 00914

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

Name of Employer Jhonson & Jhonson Occupation Marketing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.7026**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Milagros Cuevas Torres**

Mailing Address Urb. Royel Palm IA #13  
Calle Azalea

City Bayamon State PR Zip Code 00956-3117

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

Name of Employer Self-Employed Occupation Businesswoman

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  
 06 / 07 / 2012

**Transaction ID : SA11AI.6863**

Amount of Each Receipt this Period  
250.00

**C.** 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11AI.6796**

Amount of Each Receipt this Period  
1000.00

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

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

3750.00

**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 151
	<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)  
**Gladys De Hestres**

Mailing Address PO Box 9021024

City San Juan State PR Zip Code 00902-1024

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  
1075.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.5904**

Amount of Each Receipt this Period  
75.00

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

Mailing Address PO Box 10260

City San Juan State PR Zip Code 00908-1260

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

Name of Employer self employed Occupation Accountant - CPA

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  
 04 / 08 / 2012

**Transaction ID : SA11AI.6308**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Marbella 61

City San Juan State PR Zip Code 00911

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  
 05 / 11 / 2012

**Transaction ID : SA11AI.6369**

Amount of Each Receipt this Period  
500.00

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

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

825.00

**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 151
	<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)  
**Grishelda Diaz Colon**

Mailing Address Urb. Garden Hills  
MA-1 Ramirez de Arrellano Ave.

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
unemployed Homemaker

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  
05 / 03 / 2012

**Transaction ID : SA11AI.5983**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jose Dueno Palmer**

Mailing Address Urb. Garden Hills  
MA-1 Ramirez de Arrellano Ave.

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
self employed Events Promoter

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  
05 / 03 / 2012

**Transaction ID : SA11AI.5985**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rafael Dueno Palmer**

Mailing Address Estancias de Torrimar  
2 Orquidea St.

City State Zip Code  
Guaynabo PR 00966-3163

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

Name of Employer Occupation  
Interplan/Arquitect Vice-President

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  
05 / 21 / 2012

**Transaction ID : SA11AI.6580**

Amount of Each Receipt this Period  
1000.00

**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 22 OF 151
	<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)  
**Rafael Durand Pla**

Mailing Address Urb. La Villa de Torrimar  
128 Calle Reina Margarita

City Guaynabo State PR Zip Code 00969-3275

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

Name of Employer RDP Management Corp. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2012**

**Transaction ID : SA11AI.7192**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mikel J. Eguia**

Mailing Address Urb. Villa Caparra  
Calle A # 37

City Guaynabo State PR Zip Code 00966

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

Name of Employer Sunrise Securities Corp. Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11AI.5855**

Amount of Each Receipt this Period  
**425.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jorge Fernandez Pabon**

Mailing Address Calle Washington #20  
Apt. PH-C

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6718**

Amount of Each Receipt this Period  
**300.00**

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

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

**975.00**

**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 23 OF 151
	<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)  
**Luis Freyre Melendez**

Mailing Address Washington St. # 2 Apt. 1202

City San Juan State PR Zip Code 00907

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 **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : SA11AI.6346**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cecilia I. Fuentes de Andreu**

Mailing Address Parque de las Fuentes Apt. 108

City San Juan State PR Zip Code 00918

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  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6678**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address PO Box 362370

City San Juan State PR Zip Code 00936

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2012**

**Transaction ID : SA11AI.7222**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 151  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

**A.** Full Name (Last, First, Middle Initial)  
**Maria Matilde Garcia**

Mailing Address Sol Street 350 Apt. 2

City Old 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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.6776**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maria Garcia Benitez**

Mailing Address Urb. Torrimar  
0-37 Ridgewood

City Guaynabo State PR Zip Code 00966

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  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.7224**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jose Garcia Noya**

Mailing Address PO Box 9021666

City San Juan State PR Zip Code 00902-1666

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

Name of Employer Self-Employed Occupation Lawyer

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  
 06 / 06 / 2012

**Transaction ID : SA11AI.6856**

Amount of Each Receipt this Period  
1000.00

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

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

4750.00



**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 151
	<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 Danilo Gonzalez**

Mailing Address Urb. Paraiso de Coamo  
807 Serenidad Street

City Coamo State PR Zip Code 00769

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

Name of Employer AEE Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11AI.7423**

Amount of Each Receipt this Period  
260.00

**B.** Full Name (Last, First, Middle Initial)  
**Ana L. Gonzalez Cabrera**

Mailing Address Urb. Pla  
28 Jimenez Garcia St.

City Caguas State PR Zip Code 00725

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SA11AI.5799**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Gonzalez Sanchez**

Mailing Address Mansiones de Villanova  
C St. E1-20

City San Juan State PR Zip Code 00926-6432

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : SA11AI.6519**

Amount of Each Receipt this Period  
250.00

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

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

760.00

**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 151  
(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)  
**Agneris Guzman de Duran**

Mailing Address 1408 Feria Court PH 2

City San Juan State PR Zip Code 00909

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.6908**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Federico R. Hernandez**

Mailing Address 10 E 29th, Apt. 11 K

City New York State NY Zip Code 10016-7431

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

Name of Employer UBS 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  
 04 / 29 / 2012

**Transaction ID : SA11AI.5853**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Alba J. Iglesias**

Mailing Address PO Box 953

City Morovis State PR Zip Code 00687

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

Name of Employer Consultorio Medico Dr. Rios Occupation Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11AI.6568**

Amount of Each Receipt this Period  
 500.00

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

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

2400.00

**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 151
	<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) <b>A. Margarita Irizarry Ramirez</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2012	
Mailing Address Urb. Baldrich 216 Manuel Rossy St.		<b>Transaction ID : SA11AI.6081</b>	
City San Juan	State PR	Zip Code 00918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer University of Puerto Rico	Occupation Professor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Margarita Irizarry Ramirez</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2012	
Mailing Address Urb. Baldrich 216 Manuel Rossy St.		<b>Transaction ID : SA11AI.6795</b>	
City San Juan	State PR	Zip Code 00918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer University of Puerto Rico	Occupation Professor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00		

Full Name (Last, First, Middle Initial) <b>C. Andreu Jimenez</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2012	
Mailing Address PO Box 9023654		<b>Transaction ID : SA11AI.10872</b>	
City San Juan	State PR	Zip Code 00902	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 590.64 In-kind - Fundraising Expenses-Meals	
Name of Employer	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 590.64		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1840.64
<b>TOTAL</b> 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 151
	<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)  
**Sandra Jimenez Robles**

Mailing Address PO Box 19-1477

City San Juan State PR Zip Code 00919-1477

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

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  
 06 / 27 / 2012

**Transaction ID : SA11AI.6780**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos M. Lamoute Navas**

Mailing Address PO Box 9022185

City San Juan State PR Zip Code 00902

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

Name of Employer Occupation  
 Mc Connell & Valdes 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  
 05 / 17 / 2012

**Transaction ID : SA11AI.6084**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Salomon Levis Goldstein**

Mailing Address Urb. San Patricio  
 Calle Cerezo #5

City Guaynabo State PR Zip Code 00968

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

Name of Employer Occupation  
 Self-Employed Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012

**Transaction ID : SA11AI.6866**

Amount of Each Receipt this Period  
 850.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 151
	<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 Lopez Huertas**

Mailing Address P.O. Box 6676

City State Zip Code  
Caguas PR 00726

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

Name of Employer Occupation  
Huertas College Instructor

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  
05 / 23 / 2012

**Transaction ID : SA11AI.6633**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**Ariel Marrero Otero**

Mailing Address RR 3 #4580

City State Zip Code  
San Juan PR 00926

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

Name of Employer Occupation  
Empresas Diaz Lawyer

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  
06 / 28 / 2012

**Transaction ID : SA11AI.7014**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ernesto Mayoral Megwinoff**

Mailing Address Paseo Las Vistas  
78 St. 3

City State Zip Code  
San Juan PR 00926

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

Name of Employer Occupation  
Mc Connell & Valdes 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  
05 / 17 / 2012

**Transaction ID : SA11AI.6056**

Amount of Each Receipt this Period  
250.00

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 30 OF 151  
(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)  
**Victor Luis Mena Rivera**

Mailing Address Caparra Hills  
Calle Bucare H-11

City Guaynabo State PR Zip Code 00968

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

Name of Employer Self-Employed Occupation Baker

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  
 06 / 05 / 2012

**Transaction ID : SA11AI.6773**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Victor Luis Mena Rivera**

Mailing Address Caparra Hills  
Calle Bucare H-11

City Guaynabo State PR Zip Code 00968

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

Name of Employer Self-Employed Occupation Baker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.6652**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Juan C. Mendez Torres**

Mailing Address Urb. Montehiedra  
62 Falcon St.

City San Juan State PR Zip Code 00926

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

Name of Employer Mc Connell & Valdes 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  
 05 / 19 / 2012

**Transaction ID : SA11AI.6075**

Amount of Each Receipt this Period  
250.00

**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 151
	<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 L. Mendoza Billoch**

Mailing Address PO Box 190476

City San Juan State PR Zip Code 00919-0476

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

Name of Employer self employed Occupation Accountant - CPA

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  
 05 / 02 / 2012

**Transaction ID : SA11AI.6063**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jose Montalvo Trias**

Mailing Address Parque Loyola 1505

City Hato Rey State PR Zip Code 00918

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.6685**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rafael Moreno Hernandez**

Mailing Address Urb. Prado Alto H-8 St. 1

City Guaynabo State PR Zip Code 00969

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

Name of Employer Dueno Showtime Occupation Billboards Salesman

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  
 05 / 03 / 2012

**Transaction ID : SA11AI.5981**

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 32 OF 151
	<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)  
**Pedro Nicot Santana**

Mailing Address PO Box 360486

City San Juan State PR Zip Code 00936-0486

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

Name of Employer Self-Employed Occupation Lawyer

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  
 06 / 04 / 2012

**Transaction ID : SA11AI.6812**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rafael Ojeda Diez**

Mailing Address PO Box 9023392

City San Juan State PR Zip Code 00902-3392

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

Name of Employer Ojeda & Ojeda Law Office 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  
 05 / 17 / 2012

**Transaction ID : SA11AI.6054**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Torrimar Alto Bamboo K4

City Guaynabo State PR Zip Code 00966

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
913.93

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.6760**

Amount of Each Receipt this Period  
913.93

In-kind - Meals and beverages expense for fundraising activity

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

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

1663.93



**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 151
	<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 A. Padilla Ortiz**

Mailing Address **PO Box 10666**

City **San Juan** State **PR** Zip Code **00922**

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

Name of Employer **Self-Employed** Occupation **Doctor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.6792**

Amount of Each Receipt this Period  
**2300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Alida Pagan Colon**

Mailing Address **Barcelo 68-B St.**

City **Barranquitas** State **PR** Zip Code **00794**

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

Name of Employer **Self-Employed** Occupation **Doctor**

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  
**06 / 29 / 2012**

**Transaction ID : SA11AI.6782**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Heriberto Pagan Saez**

Mailing Address **Urb. Sagrado Corazon  
San Julian St # 1619**

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  
**1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6641**

Amount of Each Receipt this Period  
**200.00**

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

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

**2750.00**

**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 151
	<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)  
**Mario L. Paniagua Guzman**

Mailing Address 2 Washington St. Apt. 603

City San Juan State PR Zip Code 00907-1579

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

Name of Employer Mc Connell & Valdes 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  
 05 / 10 / 2012

**Transaction ID : SA11AI.6067**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Francisco J. Pavia Sanchez**

Mailing Address Parques de San Ignacio  
A-46 St. 1

City San Juan State PR Zip Code 00921

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

Name of Employer Mc Conell & Valdes Occupation Attorney

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  
 05 / 17 / 2012

**Transaction ID : SA11AI.6040**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Luis M. Pavia Vidal**

Mailing Address Urb. Villas del Pilar  
A-7 Quebrada Arena St.

City San Juan, State PR Zip Code 00926

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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012

**Transaction ID : SA11AI.6050**

Amount of Each Receipt this Period  
200.00

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

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

950.00

**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 151
	<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 M. Perez Cardona**

Mailing Address PO Box 36

City Moca State PR Zip Code 00676

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

Name of Employer Self-Employed Occupation Doctor

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  
 04 / 29 / 2012

**Transaction ID : SA11AI.7189**

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 UBS Occupation Consultant

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  
 06 / 21 / 2012

**Transaction ID : SA11AI.6752**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Zaida Perez Roman**

Mailing Address Cond. Parque de Loyola - Torre Sur  
500 Jesus T. Pinero Ave Apt. 1003

City San Juan State PR Zip Code 00918-4077

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

Name of Employer Retired Occupation Retired

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  
 05 / 10 / 2012

**Transaction ID : SA11AI.6065**

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 36 OF 151
	<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**

Full Name (Last, First, Middle Initial) <b>A. Carlos Polo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address PO Box 1954554		<b>Transaction ID : SA11AI.7004</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Polo & Polo LLC	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Antonio J. Ramirez Aponnte</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address Hacienda San Jose 345 Via Canaveral		<b>Transaction ID : SA11AI.6086</b>
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mc Conell & Valdes	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Elliot R. Ramirez Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2012
Mailing Address Urb. Monte Claro MK-38 Plaza 40		<b>Transaction ID : SA11AI.6765</b>
City Bayamon	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1240.74
Name of Employer ERC Group	Occupation Publicist	In-kind - Meals and beverages expense for fundraising activity
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.74	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1790.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 151
	<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)  
**Frank Ramos**

Mailing Address **PMB 1265 PO Box 4956**

City **Caguas** State **PR** Zip Code **00725**

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

Name of Employer **Self-Employed** Occupation **Doctor**

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  
**05 / 23 / 2012**

**Transaction ID : SA11AI.6621**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 191875**

City **San Juan** State **PR** Zip Code **00919**

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

Name of Employer **Self-Employed** Occupation **Lawyer**

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  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6691**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ivette Ramos Buonomo**

Mailing Address **Calle Paris 129-D**

City **San Juan** State **PR** Zip Code **00917-3531**

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

Name of Employer **Retired** Occupation **Lawyer**

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  
**06 / 28 / 2012**

**Transaction ID : SA11AI.6790**

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 38 OF 151
	<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)  
**Carlos R. Rios Gautier**

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City Guaynabo	State PR	Zip Code 00968
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rios, Gautier & Cesteros CSP	Occupation Attorney
--	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : SA11AI.6058**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos R. Rios Gautier**

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City Guaynabo	State PR	Zip Code 00968
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rios, Gautier & Cesteros CSP	Occupation Attorney
--	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

**Transaction ID : SA11AI.6701**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Victoria Rios Ramos**

Mailing Address Urb. Baldrich  
Manuel Rossi St.

City Hato Rey	State PR	Zip Code 00918
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation Accountant
-----------------------------------	--------------------------

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  
 05 / 08 / 2012

**Transaction ID : SA11AI.6360**

Amount of Each Receipt this Period  
300.00

**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: PAGE 39 OF 151  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

**A.** Full Name (Last, First, Middle Initial)  
**Elsa Rive Power**

Mailing Address 1153 Magdalena Ave.

City San Juan State PR Zip Code 00907-1710

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

Name of Employer: Freelance Occupation: Publicist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 14 / 2012

**Transaction ID : SA11AI.6061**

Amount of Each Receipt this Period: 250.00

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

Mailing Address Garden Hills Plaza  
PMB 405 1353 Ave. Luis Vigoreaux

City Guaynabo State PR Zip Code 00966

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

Name of Employer: JH The Home Work Occupation: Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 07 / 2012

**Transaction ID : SA11AI.6806**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mae Rivera Janer**

Mailing Address 554 Perseo St. Apt 1101

City San Juan State PR Zip Code 00920

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: 375.00

Date of Receipt: 05 / 03 / 2012

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period: 75.00

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

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

575.00

**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 40 OF 151
	<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) <b>A. Mae Rivera Janer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012
Mailing Address 554 Perseo St. Apt 1101		<b>Transaction ID : SA11AI.6748</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) <b>B. Hector A. Rivera Rosado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2012
Mailing Address Garden Hills Plaza PMB 405 Carr. 19 #1353		<b>Transaction ID : SA11AI.6870</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ruggles I. Robledo Irizarry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2012
Mailing Address Cond. Villas del Senorial Apt. 104		<b>Transaction ID : SA11AI.6591</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 151
	<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) <b>A. Jose Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 845		<b>Transaction ID : SA11AI.6788</b>
City Barranquitas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Magdaly Ice Service	Occupation Businessman	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Omayra Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address Urb. Estancias San Fernando Calle 4 B-30		<b>Transaction ID : SA11AI.6799</b>
City Carolina	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Clinica Borinquen	Occupation Manager	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Jose A. Rodriguez Aponte</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2012
Mailing Address Apartado 41044		<b>Transaction ID : SA11AI.5979</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 151
	<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)  
**Benjamin Rodriguez Cotto**

Mailing Address **PMB 62 PO Box 70344**

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

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

Name of Employer **Centro Medico** Occupation **Doctor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.6774**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dolores Rodriguez d Oronoz**

Mailing Address **Torrimar Alto, Bamboo K4**

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

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

Name of Employer **Self-Employed** Occupation **Lawyer**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **913.93**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6763**

Amount of Each Receipt this Period  
**913.93**

In-kind - Meals and beverages expense for fundraising activity

**C.** Full Name (Last, First, Middle Initial)  
**Mario Rodriguez Pijuan**

Mailing Address **1302 Calle Luchetti Apt. 5W**

City **San Juan** State **PR** Zip Code **00907**

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

Name of Employer **Retired** Occupation **Lawyer**

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  
**06 / 21 / 2012**

**Transaction ID : SA11AI.6739**

Amount of Each Receipt this Period  
**300.00**

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

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

**3713.93**

**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 43 OF 151
	<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)  
**Manuel Rodriguez Rios**

Mailing Address PO Box 953

City Morovis State PR Zip Code 00687

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11AI.6566**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edgardo Rosario Burgos**

Mailing Address Urb. Estancias San Fernando  
Calle 4 B-30

City Carolina State PR Zip Code 00985

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

Name of Employer Clinica Borinquen Occupation Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11AI.6797**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Angel Luis Rosas**

Mailing Address P.O. Box 470

City Mayaguez State PR Zip Code 00681

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2012

**Transaction ID : SA11AI.6537**

Amount of Each Receipt this Period  
40.00

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

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

3040.00

**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 44 OF 151
	<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)  
**Angel Luis Rosas**

Mailing Address P.O. Box 470

City State Zip Code  
Mayaguez PR 00681

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
740.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012

**Transaction ID : SA11AI.5987**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Salvador Rovira Rodriguez**

Mailing Address PO Box 800970

City State Zip Code  
Coto Laurel PR 00780-0970

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

Name of Employer Occupation  
Rovira Luna Group President

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  
 05 / 18 / 2012

**Transaction ID : SA11AI.6334**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Urb. San Ignacio  
1719 San Etanislao St.

City State Zip Code  
San Juan PR 00927

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

Name of Employer Occupation  
unemployed Homemaker

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  
 05 / 16 / 2012

**Transaction ID : SA11AI.6069**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 45 OF 151
	<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  
2480.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2012

**Transaction ID : SA11AI.6227**

Amount of Each Receipt this Period  
271.77

In-kind - File Cabinet

**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  
2498.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2012

**Transaction ID : SA11AI.6925**

Amount of Each Receipt this Period  
18.29

In-kind - Office Materials, Box and Binder.

**C.** 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  
2558.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.6924**

Amount of Each Receipt this Period  
60.00

In-kind - Office Materials, cards.

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

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

350.06

**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 46 OF 151
	<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  
2634.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : SA11AI.6926**

Amount of Each Receipt this Period  
32.10

In-kind - Office Materials

**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  
2602.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012

**Transaction ID : SA11AI.6927**

Amount of Each Receipt this Period  
43.98

In-kind - Office Materials

**C.** Full Name (Last, First, Middle Initial)  
**Angel L. Santana**

Mailing Address PO Box 8582

City Humacao State PR Zip Code 00792

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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.6922**

Amount of Each Receipt this Period  
600.00

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

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

676.08

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

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

FOR LINE NUMBER: PAGE 47 OF 151  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

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

Mailing Address Urb. Sabanera del Dorado  
394 Camino del Conti

City Dorado State PR Zip Code 00646

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012

**Transaction ID : SA11AI.6212**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jhoanna Santiago Girona**

Mailing Address Urb. El Seniorial  
2046 A Ganivet St.

City San Juan State PR Zip Code 00926-6930

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

Name of Employer Affordable Housing Consultant 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  
 05 / 17 / 2012

**Transaction ID : SA11AI.6059**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 9023912

City San Juan State PR Zip Code 00902-3912

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11AI.6400**

Amount of Each Receipt this Period  
400.00

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

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

2150.00

**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 48 OF 151
	<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)  
**Jhoanna Torres Negrón**

Mailing Address Urb. Jardines de Caparra  
6 St. AC-7

City Bayamon State PR Zip Code 00959-7738

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

Name of Employer **MMM** Occupation **Information Systems Analyst**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 14 / 2012**

**Transaction ID : SA11AI.5813**

Amount of Each Receipt this Period  
**1300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carmelina Valentin Alicea**

Mailing Address Urb. El Remanso  
A-6 Arroyo St.

City San Juan State PR Zip Code 00926

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

Name of Employer **Self-employed** Occupation

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  
**04 / 04 / 2012**

**Transaction ID : SA11AI.6214**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rosaura Vazquez Alvarez**

Mailing Address Arboles de Montehiedra  
525 Ilan Ilan St.

City San Juan State PR Zip Code 00926

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

Name of Employer Occupation

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  
**05 / 15 / 2012**

**Transaction ID : SA11AI.6073**

Amount of Each Receipt this Period  
**250.00**

**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 49 OF 151
	<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) <b>Gladys Vazquez De Nieves</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address Urb. Milaville Pina St. # 183		<b>Transaction ID : SA11AI.5920</b>
City San Juan	State PR	
Zip Code 00926	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00
Name of Employer unemployed	Occupation Retired	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1075.00		

Full Name (Last, First, Middle Initial) <b>Brenda Vazquez Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2012
Mailing Address Cond. Paisajes del Escorial 85 Blvd. Media Luna Apt. 202		<b>Transaction ID : SA11AI.6940</b>
City Carolina	State PR	
Zip Code 00987-4880	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Arlivon Vega</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2012
Mailing Address Street 7 M 7 El mirador		<b>Transaction ID : SA11AI.6916</b>
City San Juan	State PR	
Zip Code 00926	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Certified Public Accountant	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 151
	<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) <b>Angel M. Velazquez Torres</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2012
Mailing Address PO Box 7438		<b>Transaction ID : SA11AI.6619</b>
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Judith Vidal Gomez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address PO Box 1419		<b>Transaction ID : SA11AI.7231</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Zulma A. Vilella Garcia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2012
Mailing Address Urb. Torrimar Bambu St. L-4		<b>Transaction ID : SA11AI.5952</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 51 OF 151  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

**A.** Full Name (Last, First, Middle Initial)  
**Zulma A. Vilella Garcia**

Mailing Address Urb. Torrimar Bambu St. L-4

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
unemployed Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 29 2012

**Transaction ID : SA11AI.6426**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Pedro Vivoni Alcaraz**

Mailing Address Box 360393

City State Zip Code  
San Juan PR 00936-0393

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

Name of Employer Occupation  
Agroservicios, Inc. Agronomist

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  
 05 16 2012

**Transaction ID : SA11AI.6920**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Buenos Aires 2072

City State Zip Code  
San Juan PR 00911

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

Name of Employer Occupation  
Unemployed 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  
 05 17 2012

**Transaction ID : SA11AI.7233**

Amount of Each Receipt this Period  
500.00

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

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

1200.00

**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 52 OF 151
	<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)  
**Eduardo Zayas Marxuach**

Mailing Address Urb. Apolo  
QQ 19 Artemisa St.

City Guaynabo State PR Zip Code 00969

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

Name of Employer Mc Connell & Valdes 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  
 05 / 17 / 2012

**Transaction ID : SA11Al.6077**

Amount of Each Receipt this Period  
250.00

**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).....

250.00

74232.71

**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 53 OF 151
	<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)  
**DUANE MORRIS GOVERNMENT COMMITTEE**

Mailing Address 30 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012

**Transaction ID : SA11C.6193**

Amount of Each Receipt this Period  
 2500.00  
 campaign contribution

**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).....

2500.00

2500.00

**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 54 OF 151
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

**A.** Full Name (Last, First, Middle Initial)  
**Central 12**

Mailing Address **Centro Intl de Mercadeo Torre 1**  
**Suite 406**

City **Guaynabo** State **PR** Zip Code **00968**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2012**

**Transaction ID : SA15.6300**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2100.00

reimbursement for payment in excess-Feb. campaign event (El Nuevo Dia)

**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).....

\_\_\_\_\_ 2100.00

\_\_\_\_\_ 2100.00

**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 55 OF 151			
	<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) <b>A. Sami Abu Osba</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 1242.82 <b>Transaction ID : SB17.6105</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense Category/Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Sami Abu Osba</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 1387.97 <b>Transaction ID : SB17.6145</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense for campaign vehicles Category/Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Carmen E. Acevedo Betancourt</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.6104</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Professional Services Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4030.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 151			
	<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) <b>A. Carmen E. Acevedo Betancourt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1302.00 <b>Transaction ID : SB17.6138</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Professional Services - FR 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Carmen E. Acevedo Betancourt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1015.00 <b>Transaction ID : SB17.7160</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Professional Services-Media Advisor 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Action Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period 32.10 <b>Transaction ID : SB17.6291</b>
City Santurce State PR Zip Code 00911	Purpose of Disbursement printing of invitations - FR activity 003 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2349.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 151			
	<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)		Date of Disbursement	
<b>A. Action Printing</b>		M M / D D / Y Y Y Y 05 / 23 / 2012	
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period	
City Santurce State PR Zip Code 00911		187.25	
Purpose of Disbursement printing of invitations FR activities		Transaction ID : SB17.6338	
Candidate Name COX ALOMAR 2012 INC		Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Action Printing</b>		M M / D D / Y Y Y Y 06 / 05 / 2012	
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period	
City Santurce State PR Zip Code 00911		278.20	
Purpose of Disbursement Tickets for campaign activity		Transaction ID : SB17.7129	
Candidate Name		Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Action Printing</b>		M M / D D / Y Y Y Y 06 / 12 / 2012	
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period	
City Santurce State PR Zip Code 00911		107.00	
Purpose of Disbursement Printing services-Fundraiser invitations		Transaction ID : SB17.7161	
Candidate Name		Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	572.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 151			
	<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) <b>A. Action Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012		
Mailing Address Loiza St. # 1603			Amount of Each Disbursement this Period 53.50		
City Santurce	State PR	Zip Code 00911	Transaction ID : SB17.7162		
Purpose of Disbursement Printing services-Fundraiser invitations		Category/ Type 003			
Candidate Name					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Marilyn Almodovar Ponce</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012		
Mailing Address Cond. Alborada Apt. 3732			Amount of Each Disbursement this Period 1400.00		
City San Juan	State PR	Zip Code 00959	Transaction ID : SB17.6103		
Purpose of Disbursement Professional Services		Category/ Type 001			
Candidate Name <b>COX ALOMAR 2012 INC</b>					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR	District: 00				

Full Name (Last, First, Middle Initial) <b>c. Rafael Alomar Colon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012		
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.			Amount of Each Disbursement this Period 197.14		
City San Juan	State PR	Zip Code 00921	Transaction ID : SB17.6100		
Purpose of Disbursement		Category/ Type 001			
Candidate Name <b>COX ALOMAR 2012 INC</b>					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR	District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 151			
	<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) <b>A. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 3360.00 <b>Transaction ID : SB17.6110</b>
City San Juan	State PR	
Purpose of Disbursement Professional Services - Campaign Director		Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 123.03 <b>Transaction ID : SB17.6156</b>
City San Juan	State PR	
Purpose of Disbursement reimbursement for office supplies		Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 68.23 <b>Transaction ID : SB17.6176</b>
City San Juan	State PR	
Purpose of Disbursement reimbursement for office supplies		Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3551.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 151	
	<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) <b>A. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 3255.00 <b>Transaction ID : SB17.6137</b>
City San Juan	State PR	
Zip Code 00910-0155	Purpose of Disbursement Professional Services - Campaign Director	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.6296</b>
City San Juan	State PR	
Zip Code 00910-0155	Purpose of Disbursement reimbursement meals expense - campaign 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : SB17.6124</b>
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement helicopter transportation service	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 151			
	<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) <b>A. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 715.00 <b>Transaction ID : SB17.6125</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement helicopter transportation service 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 3410.00 <b>Transaction ID : SB17.6150</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement helicopter transportation 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : SB17.7164</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Helicopter transportation services 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 151			
	<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) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 230 Federico Costa St. Hato Rey		Amount of Each Disbursement this Period 1194.08
City San Juan State PR Zip Code 00918	Category/Type 001	
Purpose of Disbursement Purchase of computers for campaign staff.		Transaction ID : SB17.7246
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>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 230 Federico Costa St. Hato Rey		Amount of Each Disbursement this Period 896.63
City San Juan State PR Zip Code 00918	Category/Type 001	
Purpose of Disbursement Purchase of computer programs.		Transaction ID : SB17.7247
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bruno Haring &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address Metro Office Park Suite 500 Metro Office 3, St. 1		Amount of Each Disbursement this Period 7500.00
City Guaynabo State PR Zip Code 00968	Category/Type 005	
Purpose of Disbursement Polling Expense		Transaction ID : SB17.6120
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9590.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 151	
	<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) <b>A. Bruno Haring &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address Metro Office Park Suite 500 Metro Office 3, St. 1		Amount of Each Disbursement this Period 5625.00 <b>Transaction ID : SB17.6144</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Polling Expense Category/Type 005	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Bruno Haring &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address Metro Office Park Suite 500 Metro Office 3, St. 1		Amount of Each Disbursement this Period 5625.00 <b>Transaction ID : SB17.6146</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Polling Expense Category/Type 005	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Caguas Expressway Motors</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : SB17.6108</b>
City San Juan State PR Zip Code 00902	Purpose of Disbursement campaign vehicle rental Category/Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6241</b>
City Loiza	State PR	
Purpose of Disbursement petty cash for meals expenses - FR activity		Category/ Type 003
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6242</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6243</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6244</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6245</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash meals expense - campaign event	Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6246</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - meals expense campaign event	Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6247</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6248</b>
City Loiza	State PR	
Purpose of Disbursement petty cash- gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6249</b>
City Loiza	State PR	
Purpose of Disbursement petty cash = gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 60.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.6250	
Purpose of Disbursement petty cash - vehicle maintenance		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 00				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 40.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.6251	
Purpose of Disbursement petty cash - toll expense		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 00				

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.6252	
Purpose of Disbursement petty cash - meals expense campaing 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6253</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6254</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - meals expense campaign event	Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6255</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty gasoline - gasoline expense	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6260</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement petty cash - meals expense campaign event		Category/ Type 007	
Candidate Name <b>COX ALOMAR 2012 INC</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6261</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement petty cash -gasoline expense		Category/ Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6262</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6264</b>
City Loiza	State PR	
Purpose of Disbursement petty cash -meals expense campaign event		Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6272</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - meals expense campaign events		Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6273</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6274</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6275</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - meals expense campaign event	Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.6277</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 76.27
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Transaction ID : SB17.6276
Candidate Name COX ALOMAR 2012 INC	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 65.88
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement reimbursement for meals expense campaign event	Transaction ID : SB17.6280
Candidate Name COX ALOMAR 2012 INC	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement petty cash - gasoline expense	Transaction ID : SB17.6281
Candidate Name COX ALOMAR 2012 INC	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	242.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6282</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - meals expense campaign event		Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.6283</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - toll expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.6572</b>
City Loiza	State PR	
Purpose of Disbursement petty cash for toll expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6573</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - meal expense campaign activity		Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6574</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6285</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - meals expense campaign event		Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6286</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6287</b>
City Loiza	State PR	
Purpose of Disbursement petty cash - gasoline expense		Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.7112</b>
City Loiza	State PR	
Purpose of Disbursement Transportation expense-Campaign vehicle maintenance.		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7113</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7114</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 183.69 <b>Transaction ID : SB17.6148</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement reimbursement for meals - campaign event	Category/ Type 007
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	383.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 171.75	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.6149	
Purpose of Disbursement gasoline expense		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR	District: 00			

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7058	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7059	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	371.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012		
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00		
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7060		
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Vega Alta		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012		
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00		
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7055		
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012		
Mailing Address PO Box 315			Amount of Each Disbursement this Period 90.00		
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7056		
Purpose of Disbursement Transportation expense-Vehicle maintenance		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7057</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign vounteers-Activity in Ceiba	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7061</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Santa isabel.	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7062</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7063</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7065</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7067</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 40.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7068	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7069	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7070	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7071	
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Florida.		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7072	
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Areibo.		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7073	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 80.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation expense-AutoExpreso	<b>Transaction ID : SB17.7091</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 30.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation expense-AutoExpreso	<b>Transaction ID : SB17.7092</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 50.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation expense-AutoExpreso	<b>Transaction ID : SB17.7093</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 151		
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 60.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	<b>Transaction ID : SB17.7108</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 60.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	<b>Transaction ID : SB17.7115</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Caguas.	<b>Transaction ID : SB17.7075</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 151		
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 40.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	<b>Transaction ID : SB17.7076</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 180.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement for meals and gasoline expense.	<b>Transaction ID : SB17.7126</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 20.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation expense-AutoExpreso	<b>Transaction ID : SB17.7098</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 151		
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7099</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7100</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7101</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Lares.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7094</b>
City Loiza	State PR	
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Caguas.		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7095</b>
City Loiza	State PR	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7096</b>
City Loiza	State PR	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 151		
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 80.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation expense-AutoExpreso.	Transaction ID : SB17.7097
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 178.01
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement of gasoline expense for campaign vehicles	Transaction ID : SB17.7151
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 156.30
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement of meals expense for campaign volunteers.	Transaction ID : SB17.7152
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	414.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 160.00 <b>Transaction ID : SB17.7102</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.7103</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Hormigueros.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7104</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.7105</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in San Juan.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 284.53 <b>Transaction ID : SB17.7178</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement for gas and meals expenses for campaign volunteers.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7080</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	554.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 30.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7081	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 50.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7082	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 50.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7083	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 151	
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.7084</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Aibonito.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7085</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Corozal and Aibonito.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB17.7086</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign volunteers-Activity in Corozal and Naranjito.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7087</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7088</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.7089</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 50.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	<b>Transaction ID : SB17.7090</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 86.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Field operations materials-Lights	<b>Transaction ID : SB17.7109</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gasoline expense for campaign vehicle.	<b>Transaction ID : SB17.7110</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 151			
	<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) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 220.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7111	
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Lajas.		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 90.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7106	
Purpose of Disbursement Gasoline expense for campaign vehicle.		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 220.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.7107	
Purpose of Disbursement Meals expense for campaign volunteers-Activity in Caguas.		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 151	
	<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) <b>A. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 1712.00 <b>Transaction ID : SB17.6129</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement poster- campaign event Category/Type 007	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6307</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Radio Transmision - Radio Luz 740 AM Category/Type 004	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria G. Chevere Mourino</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address Urb. San Patricio Calle Cerezo #5		Amount of Each Disbursement this Period 676.33 <b>Transaction ID : SB17.6873</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement In-kind - Meals and beverages expense 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2888.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 151			
	<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) <b>A. Claro PRT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address PO Box 70366		Amount of Each Disbursement this Period 221.26 <b>Transaction ID : SB17.6173</b>
City San Juan	State PR	
Zip Code 00936-8366	Purpose of Disbursement mobile phones service	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Claro PRT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PO Box 70366		Amount of Each Disbursement this Period 211.40 <b>Transaction ID : SB17.6116</b>
City San Juan	State PR	
Zip Code 00936-8366	Purpose of Disbursement mobile phones services	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Claro PRT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address PO Box 70366		Amount of Each Disbursement this Period 208.00 <b>Transaction ID : SB17.6135</b>
City San Juan	State PR	
Zip Code 00936-8366	Purpose of Disbursement mobile phones service	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	640.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 151			
	<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) <b>A. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1965.00 <b>Transaction ID : SB17.6182</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Professional Services - Media Consultant	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: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.7150</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Professional Services-Media Advisor	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Ivelisse De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6278</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement petty cash - meals expense campaign 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: PR	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 151	
	<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) <b>A. Ivelisse De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6279</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement petty cash - beverages expense for FR activity	Category/ Type 003
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Ivelisse De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7253</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Reimbursement of meals and gas expenses-Fundraiser Anasco	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ivelisse De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7254</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Reimbursement of meals and gas expenses-Fundraiser Aguadilla	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 151	
	<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) <b>A. Ivelisse De Jesus</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7255</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Reimbursement of meals and gas expenses-Trip to Vega Baja, Vega Alta and Toa Baja	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ivelisse De Jesus</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7256</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Reimbursement of meals and gas expenses-Fundraiser Morovis	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ivelisse De Jesus</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.7257</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Reimbursement of meals and gas expenses-Fundraiser Aguadilla	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 151	
	<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) <b>A. Dorado Municipality</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address Mendez Vigo y San Quintin		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.7168</b>
City Dorado	State PR Zip Code 00646	
Purpose of Disbursement Gazebo rental	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Iris Duprey Anaya</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 2 Cond. San Fernando VLG Apt 109		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.7154</b>
City Carolina	State PR Zip Code 00987	
Purpose of Disbursement Popular Democratic Party Convention-Meals expense for campaign staff.	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jaime A. Espada</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address PO Box 473		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7139</b>
City Coamo	State PR Zip Code 00769	
Purpose of Disbursement Professional services-Event Coordinator	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 151	
	<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) <b>A. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1965.00 <b>Transaction ID : SB17.6099</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Professional Services - statistical analysis	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.6139</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Professional Services - statistical analysis	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.7124</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Professional Services-Statistical Analysis	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5685.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 151	
	<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) <b>A. Glory's Catering Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address Urb. Golden Village Primavera St. D-85		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.6339</b>
City Vega Alta	State PR Zip Code 00962	
Purpose of Disbursement catering costs - FR activity	Category/Type 003	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. IMEF Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 161 Ponce de Leon Ave. Suite 103		Amount of Each Disbursement this Period 615.25 <b>Transaction ID : SB17.7142</b>
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Popular Democratic Party Convention-Door hangers	Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. IMEF Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 161 Ponce de Leon Ave. Suite 103		Amount of Each Disbursement this Period 508.25 <b>Transaction ID : SB17.7144</b>
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Popular Democratic Party Convention-Boarding Passes	Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1483.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 151	
	<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) <b>A. Importadora Espanola</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address Corporate Office Park Road No. 20 Suite 500		Amount of Each Disbursement this Period 560.55 <b>Transaction ID : SB17.6147</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Committee's office furniture 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Andreu Jimenez</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address PO Box 9023654		Amount of Each Disbursement this Period 590.64 <b>Transaction ID : SB17.10874</b>
City San Juan State PR Zip Code 00902	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.6132</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Professional Services - Compliance 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3476.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 151	
	<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) <b>A. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : SB17.6133</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement reimbursement gasoline expense Category/Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.7515</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Professional services-Asisstant treasurer, Compliance advisor Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : SB17.7516</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Reimbursement of gas expenses Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 151	
	<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) <b>A. Javier J Lamboy Hernandez</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2012 120.00 <b>Transaction ID : SB17.7513</b>
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Disbursement for field operations staff expenses.		Category/Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LMV Specialties</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address PO Box 13868		Amount of Each Disbursement this Period 2012 1386.20 <b>Transaction ID : SB17.7165</b>
City San Juan	State PR Zip Code 00908	
Purpose of Disbursement Popular Democratic Party Convention-Plastic glasses		Category/Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. LMV Specialties</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address PO Box 13868		Amount of Each Disbursement this Period 2012 580.00 <b>Transaction ID : SB17.7167</b>
City San Juan	State PR Zip Code 00908	
Purpose of Disbursement Hats		Category/Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2086.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 151	
	<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) <b>A. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.6179</b>
City Carolina State PR Zip Code 00987-6950	Purpose of Disbursement Professional Services - Communications Consultant Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 1412.50 <b>Transaction ID : SB17.6181</b>
City Carolina State PR Zip Code 00987-6950	Purpose of Disbursement Professional Services - Communications Consultant Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7135</b>
City Carolina State PR Zip Code 00987-6950	Purpose of Disbursement Professional services-Media Advisor Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3662.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 151	
	<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) <b>A. Musique Xpress Lights, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address Minillas Industrial Park 308 D Street		Amount of Each Disbursement this Period 337.05
City Bayamoson	State PR Zip Code 00959	
Purpose of Disbursement Popular Democratic Party Convention-Lights Rental		<b>Transaction ID : SB17.7145</b>
Candidate Name		
Office Sought:	Disbursement For: 2012	Category/Type 007
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 651.39
City San Juan	State PR Zip Code 00919-2296	
Purpose of Disbursement telephone/cable service		<b>Transaction ID : SB17.6171</b>
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought:	Disbursement For: 2012	Category/Type 001
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 181.59
City San Juan	State PR Zip Code 00919-2296	
Purpose of Disbursement telephone/cable service		<b>Transaction ID : SB17.6172</b>
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought:	Disbursement For: 2012	Category/Type 001
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1170.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 151	
	<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) <b>A. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 314.65
City San Juan State PR Zip Code 00919-2296	Purpose of Disbursement telephone/cable service	Transaction ID : SB17.6174
Candidate Name <b>COX ALOMAR 2012 INC</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 82.06
City San Juan State PR Zip Code 00919-2296	Purpose of Disbursement telephone/cable service	Transaction ID : SB17.6175
Candidate Name <b>COX ALOMAR 2012 INC</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Mario Oronoz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address Torrimar Alto Bamboo K4		Amount of Each Disbursement this Period 913.93
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement In-kind - Meals and beverages expense for fundraising activity	Transaction ID : SB17.6762
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1310.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 151	
	<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) <b>A. Partido Popular Democratico Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 403 Constitucion Ave.		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.6292</b>
City San Juan State PR Zip Code 00906	Purpose of Disbursement office space rental - April Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Partido Popular Democratico Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 403 Constitucion Ave.		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.6293</b>
City San Juan State PR Zip Code 00906	Purpose of Disbursement Office space rental - May Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Pizza Hut</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address Ponce de leon Ave. Pda. 18 Santurce		Amount of Each Disbursement this Period 234.32 <b>Transaction ID : SB17.6304</b>
City San Juan State PR Zip Code 00907	Purpose of Disbursement meals expense - campaign staff - lunch meeting Category/Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2134.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 151	
	<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) <b>A. Elliot R. Ramirez Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address Urb. Monte Claro MK-38 Plaza 40		Amount of Each Disbursement this Period 1240.74
City Bayamon	State PR Zip Code 00961	
Purpose of Disbursement In-kind - Meals and beverages expense for fundraising activity		Transaction ID : SB17.6766
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ricoh PR</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		Amount of Each Disbursement this Period 610.00
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement printer/fax/photocopier machine rental		Transaction ID : SB17.6115
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Ricoh PR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		Amount of Each Disbursement this Period 305.00
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement printer/fax/photocopier machine rental		Transaction ID : SB17.6134
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2155.74
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 151	
	<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) <b>A. Rio Mar Beach Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 6000 Rio Mar Blvd		Amount of Each Disbursement this Period 653.79 <b>Transaction ID : SB17.6294</b>
City Rio Grande	State PR	
Zip Code 00745-6100	Purpose of Disbursement room reservations for candidate and personnel - PPD Convention	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Rio Mar Beach Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 6000 Rio Mar Blvd		Amount of Each Disbursement this Period 2853.61 <b>Transaction ID : SB17.7182</b>
City Rio Grande	State PR	
Zip Code 00745-6100	Purpose of Disbursement Popular Democratic Party Convention-Hotel charges	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.7175</b>
City Bayamon	State PR	
Zip Code 00961	Purpose of Disbursement Professional services-Sound vehicles for campaign events.	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4807.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 151	
	<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) <b>A. Dolores Rodriguez d Oronoz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address Torrimar Alto, Bamboo K4		Amount of Each Disbursement this Period 913.93 <b>Transaction ID : SB17.6767</b>
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement In-kind - Meals and beverages expense for fundraising activity	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 17.70 <b>Transaction ID : SB17.6140</b>
City Guaynabo	State PR	
Zip Code 00969	Purpose of Disbursement reimbursement for bottled water - Committee's office	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 120.52 <b>Transaction ID : SB17.6121</b>
City Guaynabo	State PR	
Zip Code 00969	Purpose of Disbursement reimbursement for office supplies - FR	Category/ Type 003
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: PR	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1052.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 151	
	<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) <b>A. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 6.42 <b>Transaction ID : SB17.6141</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement reimbursement for copies of keys - Committee's office 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.6284</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement office supplies 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.6143</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Professional Services - FR 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1906.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 151	
	<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) <b>A. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 15.62 <b>Transaction ID : SB17.6188</b>
City Guaynabo State PR Zip Code 00969	Category/Type 001	
Purpose of Disbursement reimbursement office supplies	Candidate Name <b>COX ALOMAR 2012 INC</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.7149</b>
City Guaynabo State PR Zip Code 00969	Category/Type 001	
Purpose of Disbursement Professional Services-Fundraiser Coordinator	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB17.7173</b>
City Guaynabo State PR Zip Code 00969	Category/Type 001	
Purpose of Disbursement Purchase of office materials-Envelopes	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1965.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 151	
	<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) <b>A. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.7174</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Purchase of office materials-Paper Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.7426</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Fundraiser expenses Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.7074</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Office materials Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 151	
	<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) <b>A. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.6257</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement petty cash - taxi expense - Trip to Orlando, Fla 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 439.40 <b>Transaction ID : SB17.6128</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement Travel expense - trip to New York 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6263</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement petty cash - toll expense 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	619.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 151	
	<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) <b>A. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6266</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement petty cash - taxi expense trip to New York 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6267</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement petty cash - meals expense trip to New York 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6268</b>
City San Juan State PR Zip Code 00936-7921	Purpose of Disbursement petty cash - taxi expense trip to New York 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 151	
	<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) <b>A. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6269</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement petty cash - meals expense trip to New York	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.6102</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Professional Services - Field Operations	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 483.28 <b>Transaction ID : SB17.6162</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement reimbursement for meals expenses - campaign events	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2083.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 151	
	<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) <b>A. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 2199.00 <b>Transaction ID : SB17.6142</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Professional Services - field operations	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 654.18 <b>Transaction ID : SB17.6186</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement reimbursement for meals expenses for campaign volunteers - campaig events	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.7064</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Transportation expense-AutoExpreso	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2109.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 151	
	<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) <b>A. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1395.00 <b>Transaction ID : SB17.7153</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Professional Services-Candidate assistant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.7079</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Transportation expense-AutoExpreso	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 28.34 <b>Transaction ID : SB17.6111</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement reimbursement for office supplies	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1483.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 151	
	<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) <b>A. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 80.81 <b>Transaction ID : SB17.6112</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement reimbursement for office supplies	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.6157</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement reimbursement - installation of a door at Committee's office	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 271.77 <b>Transaction ID : SB17.6228</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - File Cabinet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	552.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 151			
	<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) <b>A. Maria L. Santaella Arguinzoni</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012		
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 98.29		
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.6271		
Purpose of Disbursement petty cash for office supplies		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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: PR	District: 00				

Full Name (Last, First, Middle Initial) <b>B. Maria L. Santaella Arguinzoni</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012		
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 18.29		
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.6931		
Purpose of Disbursement In-kind - Office Materials, Box and Binder.		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Maria L. Santaella Arguinzoni</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012		
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 60.00		
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.6932		
Purpose of Disbursement In-kind - Office Materials, cards.		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 151	
	<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) <b>A. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 43.98 <b>Transaction ID : SB17.6929</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Office Materials	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 32.10 <b>Transaction ID : SB17.6930</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Office Materials	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Sun Colors</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address PO Box 99		Amount of Each Disbursement this Period 789.66 <b>Transaction ID : SB17.7133</b>
City Bayamon	State PR	
Zip Code 00960	Purpose of Disbursement Popular Democratic Party Convention-Booth	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	865.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 151	
	<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) <b>A. Swable Restaurant Concepts Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 304 Ponce de Leon Ave. Hato Rey		Amount of Each Disbursement this Period 1872.50 <b>Transaction ID : SB17.6584</b>
City San Juan	State PR Zip Code 00918	
Purpose of Disbursement catering costs for FR Activity		Category/Type 003
Candidate Name <b>COX ALOMAR 2012 INC</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Team Camacho Design</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address Calle 3 C-35 Condado Moderno		Amount of Each Disbursement this Period 678.00 <b>Transaction ID : SB17.7484</b>
City Caguas	State PR Zip Code 00725	
Purpose of Disbursement Popular Democratic Party Convention-Campaign T-shirts		Category/Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Team Camacho Design</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address Calle 3 C-35 Condado Moderno		Amount of Each Disbursement this Period 290.35 <b>Transaction ID : SB17.7486</b>
City Caguas	State PR Zip Code 00725	
Purpose of Disbursement Popular Democratic Party Convention-Campaign T-shirts		Category/Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2840.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 151	
	<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) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address Fernandez Juncos Station			Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.7171</b>
City San Juan	State PR	Zip Code 00909	
Purpose of Disbursement Purchase of mail stamps.		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Edgardo Miguel Vazquez Rivera</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112			Amount of Each Disbursement this Period 2430.00 <b>Transaction ID : SB17.6101</b>
City Guaynabo	State PR	Zip Code 00968-3022	
Purpose of Disbursement Professional Services		Category/ Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

Full Name (Last, First, Middle Initial) <b>c. Edgardo Miguel Vazquez Rivera</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112			Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.6136</b>
City Guaynabo	State PR	Zip Code 00968-3022	
Purpose of Disbursement Professional Services		Category/ Type 001	
Candidate Name <b>COX ALOMAR 2012 INC</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4905.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 151	
	<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) <b>A. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2150.00 <b>Transaction ID : SB17.7148</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Professional Services-Issues Director Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.7172</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Professional services-Political Director Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vias Car Rental of P.R.</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2012
Mailing Address Urb. Costa de Oro C-2 Marginal St.		Amount of Each Disbursement this Period 1532.93 <b>Transaction ID : SB17.6299</b>
City Dorado State PR Zip Code 00646-2055	Purpose of Disbursement campaign vehicles rental - ck 1193 partial amount 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6007.93
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 151	
	<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) <b>A. Vias Car Rental of P.R.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address Urb. Costa de Oro C-2 Marginal St.		Amount of Each Disbursement this Period 1285.35 <b>Transaction ID : SB17.7122</b>
City Dorado State PR Zip Code 00646-2055	Purpose of Disbursement Campaign vehicles rentals- Partial amount Ck1194 Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vias Car Rental of PR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address Isla Verde		Amount of Each Disbursement this Period 1045.15 <b>Transaction ID : SB17.6298</b>
City Carolina State PR Zip Code 00979	Purpose of Disbursement campaign vehicles rental - ck1193 partial amount. Category/Type 002	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Wave Ranch Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address HC 72 Box 3766 PMB 323		Amount of Each Disbursement this Period 911.64 <b>Transaction ID : SB17.7131</b>
City Naranjito State PR Zip Code 00719-9788	Purpose of Disbursement Campaign staff t-shirts. Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3242.14
<b>TOTAL</b> This Period (last page this line number only).....	128074.81

**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 130 OF 151	
	<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) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.6151</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement Deposit to VISA travel card 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB21.6152</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement VISA travel card service fee 002 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB21.6153</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement bank service fee 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1028.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 151
	<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) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 80.32 <b>Transaction ID : SB21.6154</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Harland checks order	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.6165</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Deposit VISA Travel Card	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB21.6166</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement service fee for VISA travel card	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1088.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 151
	<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) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.6167</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Deposit for VISA Travel Card	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB21.6168</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement service fee for VISA Travel Card	Category/ Type 002
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 11.00 <b>Transaction ID : SB21.6155</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement charge for excess of transactions	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1019.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 151	
	<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) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB21.6169</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement bank service fee 001 Category/Type	
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 117.50 <b>Transaction ID : SB21.7119</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement Charge for transactions 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB21.7487</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement Bank service fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	157.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 151
	<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) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 58.00 <b>Transaction ID : SB21.7488</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Excess transactions fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Secretario de Hacienda</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address PO Box 9024140		Amount of Each Disbursement this Period 385.00 <b>Transaction ID : SB21.6161</b>
City San Juan	State PR	
Zip Code 00902-4140	Purpose of Disbursement income tax retention for professional services	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Secretario de Hacienda</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 9024140		Amount of Each Disbursement this Period 721.00 <b>Transaction ID : SB21.6187</b>
City San Juan	State PR	
Zip Code 00902-4140	Purpose of Disbursement income tax retention for Professional Services	Category/ Type 001
Candidate Name <b>COX ALOMAR 2012 INC</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1164.00
<b>TOTAL</b> This Period (last page this line number only).....	4456.82

**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 <b>Central 12</b>		Nature of Debt (Purpose): owed to committee due to payment in excess - quotation vs invoice 201214
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City State	Zip Code	
Guaynabo PR	00968	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD9.5788</b>	
<input type="text" value="2100.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2100.00"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD9.4979</b>	
<input type="text" value="100.01"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="100.01"/>

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="100.01"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="100.01"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="100.01"/>

**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  
**Sami Abu Osba**

Mailing Address Urb. San Agustin  
 1426 Luisa Capetilo St.

City State Zip Code  
 San Juan PR 00921

Nature of Debt (Purpose):  
 Tarvel Expenses-Gasoline

Outstanding Balance Beginning This Period **Transaction ID : SD10.7219**  
 0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 1357.34 0.00 1357.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Carmen E. Acevedo Betancourt**

Mailing Address Urb. Roosevelt  
 Canals St. #451

City State Zip Code  
 San Juan PR 00918

Nature of Debt (Purpose):  
 Professional Services - Communications Consultant

Outstanding Balance Beginning This Period **Transaction ID : SD10.5736**  
 1400.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 1400.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Carmen E. Acevedo Betancourt**

Mailing Address Urb. Roosevelt  
 Canals St. #451

City State Zip Code  
 San Juan PR 00918

Nature of Debt (Purpose):  
 Professional services-Media advisor

Outstanding Balance Beginning This Period **Transaction ID : SD10.7470**  
 0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 1400.00 0.00 1400.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2757.34
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		



**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 <b>Marilyn Almodovar Ponce</b>	Nature of Debt (Purpose): Professional Services - Public Relations
Mailing Address Cond. Alborada Apt. 3732	
City State Zip Code San Juan PR 00959	

Outstanding Balance Beginning This Period 1400.00	<b>Transaction ID : SD10.5737</b>	
Amount Incurred This Period 0.00	Payment This Period 1400.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rafael Alomar Colon</b>	Nature of Debt (Purpose): electrical wiring and switches installation - committee office
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.	
City State Zip Code San Juan PR 00921	

Outstanding Balance Beginning This Period 197.14	<b>Transaction ID : SD10.5017</b>	
Amount Incurred This Period 0.00	Payment This Period 197.14	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Audio Visual Consultants Inc.</b>	Nature of Debt (Purpose): Popular Democratic Party Convention-Technology rental
Mailing Address PO Box 5999	
City State Zip Code Caguas PR 00726	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7193</b>	
Amount Incurred This Period 3550.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3550.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3550.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**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  
**Karenin Biaggi Velazquez**

Nature of Debt (Purpose):  
Professional services-Issues asisstant

Mailing Address Tintillo Gardens  
6 St. M-21

City State Zip Code  
Guaynabo PR 00966

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.7202

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1500.00 0.00 1500.00

B. 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  
1650.00

Transaction ID : SD10.5777

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 1650.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Luis Calderon Navarro**

Nature of Debt (Purpose):  
hotel room expense

Mailing Address PO Box 315

City State Zip Code  
Loiza PR 00772

Outstanding Balance Beginning This Period  
130.80

Transaction ID : SD10.5018

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 130.80

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

1630.80

**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

**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

6712.00

Transaction ID : SD10.4976

Amount Incurred This Period

0.00

Payment This Period

1712.00

Outstanding Balance at Close of This Period

5000.00

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

**Central 12**

Nature of Debt (Purpose):

Advertising Consulting Services

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Outstanding Balance Beginning This Period

18000.00

Transaction ID : SD10.5770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18000.00

C. 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

0.00

Transaction ID : SD10.7212

Amount Incurred This Period

150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

1) **SUBTOTALS** This Period This Page (optional) .....

23150.00

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**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

**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

0.00

Transaction ID : SD10.7213

Amount Incurred This Period

600.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

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

0.00

Transaction ID : SD10.7214

Amount Incurred This Period

1200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

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

**Central 12**

Nature of Debt (Purpose):

Campaign Media and Promotion-Social Media

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7215

Amount Incurred This Period

2160.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2160.00

1) **SUBTOTALS** This Period This Page (optional) .....

3960.00

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 141 OF 151
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7216	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2160.00	0.00	2160.00

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7217	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2160.00	0.00	2160.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Claro PRT</b>		Nature of Debt (Purpose): Administrative expenses-Telephone services for campaign staff
Mailing Address PO Box 70366		
City San Juan	State PR	Zip Code 00936-8366

Outstanding Balance Beginning This Period	Transaction ID : SD10.7208	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
432.94	0.00	432.94

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	4752.94
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**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 <b>Pedro Clemente Quinones</b>	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 -100.01	Transaction ID : SD10.4256	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -100.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Compania de Teatros Coribantes, Inc.</b>	Nature of Debt (Purpose): Popular Democratic Party Convention-Artistic services
Mailing Address Box 22998	
City State Zip Code San Juan PR 00931	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7184	
Amount Incurred This Period 4600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jose Cruz</b>	Nature of Debt (Purpose): Professional services- Media advisor
Mailing Address PO Box 443	
City State Zip Code Juncos PR 00777	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7477	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6499.99
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4256

Mr. Pedro Quinones Clemente received in excess of payment a total of \$100.01 He has been requested to reimbursed same amount to Cox Alomar 2012 Inc. This debt was reported on line 9 as a debt owed to the committee.

Form/Schedule:

Transaction ID:

**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 <b>Eastern America Insurance Agency, Inc.</b>	Nature of Debt (Purpose): Insurance
Mailing Address PO Box 193900	
City State Zip Code San Juan PR 00919	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7490</b>	
Amount Incurred This Period 1227.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1227.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Facilities Management and Janitorial Services</b>	Nature of Debt (Purpose): janitorial services - committee's offices
Mailing Address PO Box 366586	
City State Zip Code San Juan PR 00936-6586	

Outstanding Balance Beginning This Period 220.00	<b>Transaction ID : SD10.5774</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Carl Gibbs Acosta</b>	Nature of Debt (Purpose): Professional Services - Statistical Consultant
Mailing Address Cape Village B-4 Buzon 110	
City State Zip Code Carolina PR 00979	

Outstanding Balance Beginning This Period 1965.00	<b>Transaction ID : SD10.5738</b>	
Amount Incurred This Period 0.00	Payment This Period 1965.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1447.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**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 <b>Carl Gibbs Acosta</b>		Nature of Debt (Purpose): Professional services- Statistics analyst
Mailing Address Cape Village B-4 Buzon 110		
City State	Zip Code	
Carolina	PR 00979	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7472</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Miguel Hernandez Agosto</b>		Nature of Debt (Purpose): Professional services-Campaign director
Mailing Address Apartado 367746		
City State	Zip Code	
San Juan	PR 00936-7746	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7482</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Imperial Credit Corporation</b>		Nature of Debt (Purpose): insurance premium
Mailing Address PO Box 9777		
City	State	Zip Code
San Juan	PR	00908-0777

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5754</b>	
<input type="text" value="565.02"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="65.92"/>	<input type="text" value="499.10"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7499.10"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**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 <b>Importadora Espanola</b>		Nature of Debt (Purpose): office furniture for Cox Alomar Committee
Mailing Address Corporate Office Park Road No. 20 Suite 500		
City State	Zip Code	
Guaynabo	PR 00966	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5752</b>	
<input type="text" value="2802.76"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="560.55"/>	<input type="text" value="2242.21"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Javier J Lamboy Hernandez</b>		Nature of Debt (Purpose): Professional services- Assistant treasurer, Compliance advisory
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		
City State	Zip Code	
San Juan	PR 00917	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7476</b>	
<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 <b>Lydias Restaurant</b>		Nature of Debt (Purpose): Meals and beverages for fundraising event
Mailing Address Urb. Ls Caobos		
City	State	Zip Code
Ponce	PR	00717

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7197</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1643.25"/>	<input type="text" value="0.00"/>	<input type="text" value="1643.25"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6385.46"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**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 <b>Ernesto Morales Ramos</b>	Nature of Debt (Purpose): Reimbursement of meals and gasoline expenses
Mailing Address 2 Cond. San Francisco VLG Apt. 109	
City State Zip Code Carolina PR 00987-6950	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7186</b>	
Amount Incurred This Period 107.03	Payment This Period 0.00	Outstanding Balance at Close of This Period 107.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ernesto Morales Ramos</b>	Nature of Debt (Purpose): Professional services- Media Advisor
Mailing Address 2 Cond. San Francisco VLG Apt. 109	
City State Zip Code Carolina PR 00987-6950	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7475</b>	
Amount Incurred This Period 4500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>One Link Communications</b>	Nature of Debt (Purpose): Office expenses-Telephone and internet services
Mailing Address PO Box 192296	
City State Zip Code San Juan PR 00919-2296	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7203</b>	
Amount Incurred This Period 628.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 628.11

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5235.14
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**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 <b>Pitney Bowes</b>		Nature of Debt (Purpose): equipment and postage meter rental
Mailing Address 362 Avenida de la Constitucion		
City	State	Zip Code
San Juan	PR	00901

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5772</b>	
<input type="text" value="351.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="351.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ricoh PR</b>		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	<b>Transaction ID : SD10.4971</b>	
<input type="text" value="3660.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="915.00"/>	<input type="text" value="2745.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ricoh PR</b>		Nature of Debt (Purpose): Office expenses-Printing services
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	<b>Transaction ID : SD10.7204</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="305.00"/>	<input type="text" value="0.00"/>	<input type="text" value="305.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3401.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**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  
**A. Miguel Rios**

Nature of Debt (Purpose):  
Professional services-Sound vehicles for campaign activities.

Mailing Address Valle Verde II  
Ap-1 Rio Maravilla Street

City State Zip Code  
Bayamon PR 00961

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.7196

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
3250.00 0.00 3250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Carmen Angeles Rodriguez Weber**

Nature of Debt (Purpose):  
Professional serices- Fundraiser coordinator

Mailing Address Cond. Torre de los Frailes  
Apt. 11 J

City State Zip Code  
Guaynabo PR 00969

Outstanding Balance Beginning This Period  
0.00

Transaction ID : SD10.7471

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
2000.00 0.00 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Christopher Sanchez Ortiz**

Nature of Debt (Purpose):  
field operations services

Mailing Address PO Box 194555

City State Zip Code  
San Juan PR 00919

Outstanding Balance Beginning This Period  
1500.00

Transaction ID : SD10.5780

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 1500.00 0.00

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

5250.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 150 OF 151
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Christopher Sanchez Ortiz</b>	Nature of Debt (Purpose): Reimbursements for travel and meal expenses.
Mailing Address PO Box 194555	
City State Zip Code San Juan PR 00919	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7199</b>	
Amount Incurred This Period 851.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 851.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Christopher Sanchez Ortiz</b>	Nature of Debt (Purpose): Professional services- Candidate assistant
Mailing Address PO Box 194555	
City State Zip Code San Juan PR 00919	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7473</b>	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Edgardo Miguel Vazquez Rivera</b>	Nature of Debt (Purpose): Professional Services - Issues Analyst
Mailing Address Tabonuco St. B-5 suite 216 PMB-112	
City State Zip Code Guaynabo PR 00968-3022	

Outstanding Balance Beginning This Period 2430.00	<b>Transaction ID : SD10.5733</b>	
Amount Incurred This Period 0.00	Payment This Period 2430.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2351.87
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**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 <b>Edgardo Miguel Vazquez Rivera</b>	Nature of Debt (Purpose): Professional services-Political director
Mailing Address Tabonuco St. B-5 suite 216 PMB-112	
City State Zip Code Guaynabo PR 00968-3022	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.7474</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="2500.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vias Car Rental of PR</b>	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 <input style="width:100%;" type="text" value="1045.15"/>	<b>Transaction ID : SD10.4973</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1045.15"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vias Car Rental of PR</b>	Nature of Debt (Purpose): Campaign vehicles rental.
Mailing Address Isla Verde	
City State Zip Code Carolina PR 00979	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.7201</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="1803.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1803.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="4303.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="82173.64"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="82173.64"/>