

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**COX ALOMAR 2012 , INC.**

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 03 / 18 / 2012 in the State of PR  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 03 / 18 / 2012 in the State of PR

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jaime Luis Sanabria Montanez  
Signature of Treasurer Jaime Luis Sanabria Montanez *[Electronically Filed]* Date 03 / 11 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	68649.76	86411.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	68649.76	86411.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	41885.46	48241.96
(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)).....	41885.46	48241.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36619.67	
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).....	59686.09	

**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).....	46461.45	62323.28
(ii) Unitemized.....	21188.31	23088.31
(iii) TOTAL of contributions from individuals ▶	67649.76	85411.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	68649.76	86411.59
<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>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	68649.76	86411.59

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41885.46	48241.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1045.50	1549.96
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	42930.96	49791.92

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10900.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	68649.76
25. SUBTOTAL (add Line 23 and Line 24).....	79550.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42930.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36619.67

**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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**209.46**

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

**Transaction ID : SA11AI.4925**

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

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

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

**Transaction ID : SA11AI.4795**

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA11AI.4545**

Amount of Each Receipt this Period  
**250.00**

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

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

**669.46**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address P.O. Box 523152

City Springfield State VA Zip Code 22152

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

Name of Employer unemployed Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4372**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address Palma Sola HA-7

City Guaynabo State PR Zip Code 00966

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4613**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address Paseo Mayor C-31 Street #8

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4720**

Amount of Each Receipt this Period  
 300.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO Box 8387

City Humacao State PR Zip Code 00792

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

Name of Employer self employer Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4734**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address Palma Real D-8 Street # 5

City Guaynabo State PR Zip Code 00966

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

Name of Employer Graphic Printing Occupation Printing Technician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4685**

Amount of Each Receipt this Period  
 250.00

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

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

City San Juan State PR Zip Code 00901

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 64
	<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)  
**Gisela Bello**

Mailing Address 8340 NW 115 Ct

City Doral State PR Zip Code 33178

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

Name of Employer unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4743**

Amount of Each Receipt this Period  
 300.00

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

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

City San Juan State PR Zip Code 00910

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address PO Box 191787

City San Juan State PR Zip Code 00919-1787

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

Name of Employer Art Draft Authority Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4829**

Amount of Each Receipt this Period  
 300.00

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

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

900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<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. Alejandro Carrasco</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2012	
Mailing Address Bahia 10286 Las Verandas		<b>Transaction ID : SA11AI.4859</b>	
City Rio Grande	State PR	Zip Code 00745	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer self employed	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Eric J. Carro Jimenez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012	
Mailing Address Ext. Santa Maria 1913 Platanillo St.		<b>Transaction ID : SA11AI.4751</b>	
City San Juan	State PR	Zip Code 00917	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Antonio Casellas Fernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2012	
Mailing Address Estancias de Torrimar 65 Caoba St.		<b>Transaction ID : SA11AI.4675</b>	
City Guaynabo	State PR	Zip Code 00966	
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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 10 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Box 667

City Humacao State PR Zip Code 00792

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.4679**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 21094

City San Juan State PR Zip Code 00928-1094

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.4621**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address P.O. Box 366676

City San Juan State PR Zip Code 00936-6676

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.4264**

Amount of Each Receipt this Period  
 2500.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<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. Ivette Cruz Pagan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012
Mailing Address PO Box 6798		<b>Transaction ID : SA11AI.4747</b>
City San Juan	State PR	Zip Code 00914
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jose Ramon Cumba</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2012
Mailing Address PO Box 130		<b>Transaction ID : SA11AI.4673</b>
City Bayamon	State PR	Zip Code 00960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer self employed	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Efrain A. Defendini</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 13 / 2012
Mailing Address Isla Verde Lirio St. # 2		<b>Transaction ID : SA11AI.4308</b>
City Carolina	State PR	Zip Code 00978
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer University of Puerto Rico	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 12 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Road 351 # 3230

City Mayaguez State PR Zip Code 00682

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

Name of Employer self employed Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4307**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Road 351 # 3230

City Mayaguez State PR Zip Code 00682

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

Name of Employer self employed Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2809 Valley Dr.

City Alexandria State VA Zip Code 22302

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

Name of Employer Winston Strawn Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Ave. Barbosa 115 altos

City Catano State PR Zip Code 00962

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

Name of Employer self employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4572**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address P.O. Box 9024266

City San Juan State PR Zip Code 00902

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

Name of Employer self employed Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4496**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address Las Flores de Montehiedra  
622 Miramelinda St.

City San Juan State PR Zip Code 00926

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

Name of Employer Hera Printing Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4576**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 64  
(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)  
**Bryant Gardner**

Mailing Address 1460 Church St. N.W.

City Washington State DC Zip Code 20005

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

Name of Employer Occupation  
Winston and Strawn Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4940**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 190863

City San Juan State PR Zip Code 00919

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

Name of Employer Occupation  
Spectometrix Seller - medical equipment

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4726**

Amount of Each Receipt this Period  
300.00

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

Mailing Address PO Box 13617

City San Juan State PR Zip Code 00908

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

Name of Employer Occupation  
self employed Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4741**

Amount of Each Receipt this Period  
300.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<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. Xavier Gonzalez Goenaga</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 03 / 2012	
Mailing Address PO Box 364643		<b>Transaction ID : SA11AI.4843</b>	
City San Juan	State PR	Zip Code 00936-4643	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Fulcro	Occupation Insurance Broker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Martin Gonzalez Luna</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2012	
Mailing Address Urb. Panorama A2 Calle 2		<b>Transaction ID : SA11AI.4595</b>	
City Bayamon	State PR	Zip Code 00957-4379	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 264.00	
Name of Employer unemployed	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 264.00		

Full Name (Last, First, Middle Initial) <b>C. Francisco Guerrero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012	
Mailing Address Pmb 357 200 Ave. Rafael Cordero Suite 140		<b>Transaction ID : SA11AI.4738</b>	
City Caguas	State PR	Zip Code 00725	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1564.00
<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 16 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3207 Rolling Rd PH 301

City State Zip Code  
Chevy Chase MD 20815-4035

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

Name of Employer Occupation  
Winston Strawn Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period  
1000.00

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

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

City State Zip Code  
San Juan PR 00927

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

Name of Employer Occupation  
self employed Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4617**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1477 Evans Farm Drive

City State Zip Code  
Mc Lean VA 22101-5655

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

Name of Employer Occupation  
Winston and Strawn Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4944**

Amount of Each Receipt this Period  
250.00

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

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

2250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 64
	<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)  
**Chester Kwong**

Mailing Address 2651 Ponte Vedra St.

City Ponce State PR Zip Code 00716

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

Name of Employer self employed Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4462**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1445 P St. NW Apt. 703

City Washington State WA Zip Code 20005

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

Name of Employer Prime Policy Group Occupation Director

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Arboleda Robles St. E-13

City Caguas State PR Zip Code 00727

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

Name of Employer Businessman Occupation self-employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1337.74

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

**Transaction ID : SA11AI.4857**

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

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<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)  
**Fernando Lopez**

Mailing Address Plaza Scotiabank 1400

City San Juan State PR Zip Code 00917

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

Name of Employer Mass Mutual Occupation Insurance Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4929**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Pablo Lopez Huertas**

Mailing Address La Villa de Torrimar  
298 Rey Felipe

City Guaynabo State PR Zip Code 00969

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

Name of Employer Huertas Jr. College Occupation Civil Engineer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI.4694**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Carlos Lopez Rosario**

Mailing Address PO Box 8140

City San Juan State PR Zip Code 00910

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

Name of Employer self employed Occupation Business

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4564**

Amount of Each Receipt this Period  
 250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

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

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period  
**300.00**

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 363745**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

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

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
**300.00**

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **643 Ranger Court**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period  
**250.00**

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.4730**

Amount of Each Receipt this Period  
**300.00**

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

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<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. Charles B. Molster III</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2012	
Mailing Address 815 Blacks Hill RD.		<b>Transaction ID : SA11AI.4382</b>	
City Great Falls	State VA	Zip Code 22066-1301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Winston Strawn	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Raul Montegudo</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address PMB 272 5900 Isla Verde Ave.		<b>Transaction ID : SA11AI.4728</b>	
City Carolina	State PR	Zip Code 00979	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self employed	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Gerald A. Morrissey III</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2012	
Mailing Address 423 M St. NE		<b>Transaction ID : SA11AI.4400</b>	
City Washington	State DC	Zip Code 20002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Winston Strawn	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 22 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 220 Byram Lake Rd.

City Bedford Corners State NY Zip Code 10549

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

Name of Employer Winston and Strawn Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4942**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address San Francisco  
1674 Verhens St.

City San Juan State PR Zip Code 00927

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4826**

Amount of Each Receipt this Period  
 372.25

In-kind - Fundraising activity - expenses

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

Mailing Address Bo. Barrancas 3 St. # 157

City Guayama State PR Zip Code 00784

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

Name of Employer AAA Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4880**

Amount of Each Receipt this Period  
 250.00

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

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

1122.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<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)  
**Martin P. Paone**

Mailing Address 11282 Spyglass Lane

City Reston State VA Zip Code 20191

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

Name of Employer Prime Policy Group Occupation Executive Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4844**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 1866

City Luquillo State PR Zip Code 00773

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

Name of Employer self employed Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4615**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address Urb. Garcia Ponce B-13

City Fajardo State PR Zip Code 00738

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

Name of Employer self employed Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4620**

Amount of Each Receipt this Period  
 600.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO Box 34903

City San Juan State PR Zip Code 00936

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4724**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address Villas de Parana  
S8-15 Street 8

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4732**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address Dorado Beach E # 191

City Dorado State PR Zip Code 00646

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

Name of Employer self-employed Occupation Businessman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
 2500.00

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

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

3100.00



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

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

FOR LINE NUMBER: PAGE 25 OF 64  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

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

City San Juan State PR Zip Code 00909

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

Name of Employer self employed Occupation Financial Consultant

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4745**

Amount of Each Receipt this Period  
300.00

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

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

City San Juan State PR Zip Code 00901

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

Name of Employer self employed Occupation Publicist

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
270.00

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

**Transaction ID : SA11AI.4916**

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

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

Mailing Address San Pedro States  
C-15 San Ignacio

City Caguas State PR Zip Code 00725

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

Name of Employer self employed Occupation Education Consultant

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4587**

Amount of Each Receipt this Period  
250.00

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

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

820.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<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 Reyes**

Mailing Address Hacienda El Molino  
12 Paseo Madrid

City Vega Alta State PR Zip Code 00692

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4755**

Amount of Each Receipt this Period  
300.00

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

Mailing Address Haciendas el Molino  
12 Paseo Madrid

City Vega Alta State PR Zip Code 00692

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4855**

Amount of Each Receipt this Period  
300.00

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

Mailing Address Urb. Miraville  
Moradilla St. B-1

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Businessman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4861**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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)  
**Felix Rios**

Mailing Address Paseo Alto 27 Calle 2

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4736**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address Road 165 #100 Suite 512

City Guaynabo State PR Zip Code 00968

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

Name of Employer Central 12 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  
 02 / 21 / 2012

**Transaction ID : SA11AI.4913**

Amount of Each Receipt this Period  
 2500.00  
 In-kind - catering costs for fundraising event

**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

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

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
 300.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

City San Juan State PR Zip Code 00921-1910

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

Name of Employer Casa Productora Latitud Occupation Office Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

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

**Transaction ID : SA11AI.4578**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 224

City Salinas State PR Zip Code 00751

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

Name of Employer Triple S Occupation Vice President - Quality

Receipt For: 2012  Primary  General  
 Other (specify)

Election Cycle-to-Date 488.05

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

**Transaction ID : SA11AI.4998**

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

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

Mailing Address Hacienda San Jose  
813 Via Primavera

City Caguas State PR Zip Code 00727

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

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

**Transaction ID : SA11AI.4749**

Amount of Each Receipt this Period  
300.00

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

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

1038.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

City San Juan State PR Zip Code 00918

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
300.00

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

Mailing Address Domenech St. # 375  
Hato Rey

City San Juan State PR Zip Code 00918

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

Name of Employer self employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.4623**

Amount of Each Receipt this Period  
300.00

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

Mailing Address Los Campos de Montehiedra  
729 Valle del Turabo

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4570**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 366512**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
**300.00**

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4460**

Amount of Each Receipt this Period  
**250.00**

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.4677**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<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)  
**Jorge Sanders**

Mailing Address Villa Caparra Genova B-9

City Guaynabo State PR Zip Code 00966

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

Name of Employer unemployed Occupation student

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2012

**Transaction ID : SA11AI.4981**

Amount of Each Receipt this Period  
 300.00

**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

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

**Transaction ID : SA11AI.4849**

Amount of Each Receipt this Period  
 192.59

In-kind - water cooler

**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

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

**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period  
 184.62

In-kind - office supplies

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

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

677.21

**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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **593.64**

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

**Transaction ID : SA11AI.4853**

Amount of Each Receipt this Period  
**70.46**

In-kind - office supplies

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

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1293.66**

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

**Transaction ID : SA11AI.4823**

Amount of Each Receipt this Period  
**700.02**

In-kind - Fundraising activity - expenses

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

Mailing Address 1621 Fremont Lane

City Vienna State VA Zip Code 22182

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

Name of Employer Nuclear Regulatory Commission Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.4985**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1770.48**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3339 Stephenson Place NW

City Washington State DC Zip Code 20015

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

Name of Employer SDA Global Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4374**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Washington St. #57 2nd floor

City San Juan State PR Zip Code 00907

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

Name of Employer University Occupation student

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. Monte Claro  
Mk 36 Plaza 40

City Bayamon State PR Zip Code 00961

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

Name of Employer Timing Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 34 OF 64  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

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

Mailing Address PO Box 6030 PMB 132

City State Zip Code  
Carolina PR 00984

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

Name of Employer self employed Occupation Biologist

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4983**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Terrazas de Parque Escorial Apt. 5411

City State Zip Code  
Carolina PR 00987

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

Name of Employer Instituto de Medicina Pediatri Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4538**

Amount of Each Receipt this Period  
250.00

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

Mailing Address El Remanso Arroyo St. A-11

City State Zip Code  
San Juan PR 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4932**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Sabanera Dorada  
121 Camino Los Lotos

City Dorado State PR Zip Code 00646

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

Name of Employer Echovan Occupation Publicist

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 750.00

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

**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
750.00

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

Mailing Address PO Box 11363

City San Juan State PR Zip Code 00922-1363

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

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

Receipt For: 2012  Primary  General  Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11AI.4934**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Santa Rosa  
15 Street Blq 25-11

City Bayamon State PR Zip Code 00959

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  Primary  General  Other (specify)

Election Cycle-to-Date 300.00

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

**Transaction ID : SA11AI.4722**

Amount of Each Receipt this Period  
300.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6609 Persimmon Tree Rd.

City State Zip Code  
Cabin John MD 20818-1217

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

Name of Employer Occupation  
Winston Strawn Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5343 32nd St.NW

City State Zip Code  
Washington DC 20015-1359

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

Name of Employer Occupation  
Prime Policy Group Director

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

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

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period  
600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1100.00

46461.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11C.4891**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64			
	<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. Sami Abu Osba</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 666.38 <b>Transaction ID : SB17.4772</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense for campaign vehicle 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>B. Sami Abu Osba</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 781.65 <b>Transaction ID : SB17.4773</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement gasoline expense for campaign vehicle 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1657.49
<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 39 OF 64	
	<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 MM / DD / YYYY 02 / 10 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.4783</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement communication consulting 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>B. Marilyn Almodovar Ponce</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address Cond. Alborada Apt. 3732		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.4781</b>
City San Juan State PR Zip Code 00959	Purpose of Disbursement public relations 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>c. Rafael Alomar Colon</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.		Amount of Each Disbursement this Period 609.00 <b>Transaction ID : SB17.4779</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement fluorescent lamps replacement/installation 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3409.00
<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 40 OF 64			
	<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. Rafael Alomar Colon</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.			Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4796</b>
City San Juan	State PR	Zip Code 00921	
Purpose of Disbursement In-kind - for installation of lamps in office area		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Manuel E. Avila De Jesus</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address P. O. Box 8155			Amount of Each Disbursement this Period 251.04 <b>Transaction ID : SB17.4816</b>
City San Juan	State PR	Zip Code 00910-0155	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 01			

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 01 / 27 / 2012
Mailing Address P. O. Box 8155			Amount of Each Disbursement this Period 110.00 <b>Transaction ID : SB17.4817</b>
City San Juan	State PR	Zip Code 00910-0155	
Purpose of Disbursement reimbursement for taxi 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR District: 01			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64			
	<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. Manuel E. Avila De Jesus</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address P. O. Box 8155		Amount of Each Disbursement this Period 249.83 <b>Transaction ID : SB17.4818</b>
City San Juan	State PR	
Zip Code 00910-0155	Purpose of Disbursement reimbursement for office supplies and equipment	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>B. Caguas Expressway Motors</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : SB17.4836</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>c. Caguas Expressway Motors</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : SB17.4898</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3549.83
<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 42 OF 64			
	<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 01 / 20 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 70.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4812	
Purpose of Disbursement reimbursement for taxi expense = Washington		Category/ Type 002		
Candidate Name <b>COX ALOMAR 2012 , INC.</b>				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.80
<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 43 OF 64			
	<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 MM / DD / YYYY 02 / 08 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 50.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4802	
Purpose of Disbursement gasoline expense for campaign vehicle		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 90.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4803	
Purpose of Disbursement expense for meals - campaign volunteers		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>			Date of Disbursement MM / DD / YYYY 02 / 24 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4804	
Purpose of Disbursement purchase of campaign materials		Category/ Type 006		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

<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 44 OF 64	
	<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 MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4805</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement gasoline expense for campaign vehicle	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4806</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement meals expense for campaign volunteers	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4807</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement meals expense for campaign volunteers	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

<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 45 OF 64			
	<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. Luis Calderon Navarro</b>			Date of Disbursement MM / DD / YYYY 02 / 24 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 100.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.4808	
Purpose of Disbursement gasoline expense for campaign vehicle		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

Full Name (Last, First, Middle Initial) <b>B. Central 12</b>			Date of Disbursement MM / DD / YYYY 02 / 24 / 2012	
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406			Amount of Each Disbursement this Period 4624.41	
City Guaynabo	State PR	Zip Code 00968	Transaction ID : SB17.5013	
Purpose of Disbursement to cover advertising expenses for campaign activity		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

Full Name (Last, First, Middle Initial) <b>c. Claro PRT</b>			Date of Disbursement MM / DD / YYYY 02 / 21 / 2012	
Mailing Address PO Box 70366			Amount of Each Disbursement this Period 966.79	
City San Juan	State PR	Zip Code 00936-8366	Transaction ID : SB17.5005	
Purpose of Disbursement telephone 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: PR District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5691.20
<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 46 OF 64			
	<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. Pedro Clemente Quinones</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 916.67 <b>Transaction ID : SB17.4833</b>
City San Juan State PR Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>B. Pedro Clemente Quinones</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 966.67 <b>Transaction ID : SB17.4834</b>
City San Juan State PR Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>c. Pedro Clemente Quinones</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address Urb. Country Club 1100 Carmen Busello St.		Amount of Each Disbursement this Period 966.67 <b>Transaction ID : SB17.4835</b>
City San Juan State PR Zip Code 00924	Purpose of Disbursement debt payment for campaign jingle 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2850.01
<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 47 OF 64	
	<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. Grupo Musical Doble Contacto</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2012
Mailing Address HC02 Box 17000		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.4907</b>
City Arecibo	State PR	
Zip Code 00612	Purpose of Disbursement Music for fundraising 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: PR	District: 01	

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

Full Name (Last, First, Middle Initial) <b>C. Luis E. Matos Hicks</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 1916 Loiza Street 2nd floor		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4766</b>
City San Juan	State PR	
Zip Code 00911	Purpose of Disbursement photos of 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:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: PR	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1575.00
<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 48 OF 64	
	<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. Nostrom Moving Images</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 909 Calle Escorial #1		Amount of Each Disbursement this Period 6273.75 <b>Transaction ID : SB17.4790</b>
City San Juan State PR Zip Code 00920-2008	Purpose of Disbursement Photos for campaign activities 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2012
Mailing Address # 9 Los Frailes Ind. Park		Amount of Each Disbursement this Period 652.68 <b>Transaction ID : SB17.4759</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Computer and Flexi File 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

Full Name (Last, First, Middle Initial) <b>c. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 591.00 <b>Transaction ID : SB17.4761</b>
City San Juan State PR Zip Code 00919-2296	Purpose of Disbursement telephone services expense 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7517.43
<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 49 OF 64	
	<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 MM / DD / YYYY 02 / 07 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 72.35 <b>Transaction ID : SB17.4763</b>
City San Juan	State PR	
Zip Code 00919-2296	Purpose of Disbursement telephone services expense	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

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

Full Name (Last, First, Middle Initial) <b>c. Nereida Ortiz Vazquez</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 343.35 <b>Transaction ID : SB17.4814</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement reimbursement for hotel room - campaign activity Ponce	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	787.95
<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 50 OF 64			
	<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. Paper Tree Office Supplies</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address Almendros St. C-3 Villa Hucar			Amount of Each Disbursement this Period 545.53
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.4768
Purpose of Disbursement Office furniture		Category/ Type 001	
Candidate Name <b>COX ALOMAR 2012 , INC.</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR	District: 01		

Full Name (Last, First, Middle Initial) <b>B. Partido Popular Democratico Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 403 Constitucion Ave.			Amount of Each Disbursement this Period 1900.00
City San Juan	State PR	Zip Code 00906	Transaction ID : SB17.4895
Purpose of Disbursement Office space rental		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PR	District: 01		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2715.53
<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 51 OF 64			
	<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. Myriam Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address Road 165 #100 Suite 512		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4915</b>
City Guaynabo	State PR Zip Code 00968	
Purpose of Disbursement In-kind - catering costs for fundraising event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3609.45
<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 52 OF 64	
	<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 01 / 20 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 1080.91 <b>Transaction ID : SB17.4810</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement reimbursement for hotel room - Washington	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>B. Jaime Luis Sanabria Montanez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address P.O. Box 367921		Amount of Each Disbursement this Period 156.00 <b>Transaction ID : SB17.4811</b>
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement reimbursement for meals - Washington	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1429.59
<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 53 OF 64			
	<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 02 / 17 / 2012		
Mailing Address PO Box 366676			Amount of Each Disbursement this Period 955.10		
City San Juan	State PR	Zip Code 00936	Transaction ID : SB17.4852		
Purpose of Disbursement In-kind - office supplies		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	955.10
<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 54 OF 64			
	<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 I. Torres</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2012
Mailing Address HC07 Box 70574 Bo.Calabazas		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4905</b>
City San Sebastian	State PR	
Zip Code 00685	Purpose of Disbursement Artistic show for Fund Raising 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>B. Unlimited Print</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2012
Mailing Address De Diego Ave. #765		Amount of Each Disbursement this Period 227.91 <b>Transaction ID : SB17.4764</b>
City San Juan	State PR	
Zip Code 00921	Purpose of Disbursement T-shirts printing	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

Full Name (Last, First, Middle Initial) <b>c. Vias Car Rental of PR</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2012
Mailing Address Isla Verde		Amount of Each Disbursement this Period 509.50 <b>Transaction ID : SB17.4770</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1137.41
<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 55 OF 64			
	<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. Wave Ranch Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address HC 72 Box 3766 PMB 323		Amount of Each Disbursement this Period 1059.84
City Naranjito State PR Zip Code 00719-9788	Purpose of Disbursement T-shirts and polo printing	
Candidate Name <b>COX ALOMAR 2012 , INC.</b>	Category/Type 007	Transaction ID : SB17.4774
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2027.65
<b>TOTAL</b> This Period (last page this line number only).....	40444.39

**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 64
	<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 01 / 05 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.5009</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement deposit to Visa Travel Card to cover travel expenses 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

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 01 / 05 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB21.5010</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement fee charge for Visa Travel card 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

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 01 / 17 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB21.4837</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PR District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1023.00
<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 57 OF 64
	<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 01 / 25 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : SB21.4838</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement fee for checks notebook	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

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 01 / 31 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 5.50 <b>Transaction ID : SB21.4839</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

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 02 / 14 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB21.4840</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement service fee	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PR District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22.50
<b>TOTAL</b> This Period (last page this line number only).....	1045.50

**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): overpayment
Mailing Address Urb. Country Club 1100 Carmen Busello St.		
City State Zip Code San Juan PR 00924		

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD9.4979	
Amount Incurred This Period 100.01	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		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

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

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

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

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 64
	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>Carmen E. Acevedo Betancourt</b>		Nature of Debt (Purpose): Communications consulting services
Mailing Address Urb. Roosevelt Canals St. #451		
City State	Zip Code	
San Juan	PR 00918	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4964</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="1400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4963</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="1400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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	<b>Transaction ID : SD10.5017</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="197.14"/>	<input type="text" value="0.00"/>	<input type="text" value="197.14"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2997.14"/>
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" 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="0.00"/>

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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 , INC.**

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Caguas Expressway Motors</b>		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	<b>Transaction ID : SD10.4897</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="3300.00"/>	<input type="text" value="1650.00"/>	<input type="text" value="1650.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Luis Calderon Navarro</b>		Nature of Debt (Purpose): hotel room expense
Mailing Address PO Box 315		
City State	Zip Code	
Loiza	PR 00772	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5018</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="130.80"/>	<input type="text" value="0.00"/>	<input type="text" value="130.80"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1780.80"/>
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" 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="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 64
	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
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City Guaynabo	State PR	Zip Code 00968

Outstanding Balance Beginning This Period	Transaction ID : SD10.4976	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
33502.41	0.00	33502.41

B. 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 San Juan	State PR	Zip Code 00924

Outstanding Balance Beginning This Period	Transaction ID : SD10.4256	
2750.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2850.01	-100.01

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.4965	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4000.00	0.00	4000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	37402.40
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**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

**Happy Productions**

Nature of Debt (Purpose):

theater space rental for campaign activity

Mailing Address PO Box 19569

City State

Zip Code

San Juan

PR

00910-1569

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5019

Amount Incurred This Period

1350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1350.00

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

**Javier Lamboy**

Nature of Debt (Purpose):

Treasurer Assisstant

Mailing Address Carmen St. # 5

Isabelle Bldg Apt # 2

City State

Zip Code

San Juan

PR

00917

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4969

Amount Incurred This Period

2430.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2430.00

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

**Partido Popular Democratico Inc.**

Nature of Debt (Purpose):

OffIce space rent

Mailing Address 403 Constitucion Ave.

City

State

Zip Code

San Juan

PR

00906

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4893

Amount Incurred This Period

2850.00

Payment This Period

1900.00

Outstanding Balance at Close of This Period

950.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

4730.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 64
	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>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="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3660.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3660.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4900</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="1250.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1250.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4974</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="3000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7910.00"/>
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" 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="0.00"/>

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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 , INC.**

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.4967	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2430.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2430.00"/>

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4865.75"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="59686.09"/>
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="59686.09"/>