

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) 403 AVENIDA CONSTITUCION SAN JUAN PR 00906 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00506212 3. IS THIS REPORT NEW (N) OR AMENDED (A) PR 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2014 through 03/31/2014

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 Rafael Cox Alomar

Signature of Treasurer Rafael Cox Alomar [Electronically Filed] Date MM/DD/YYYY 11/17/2014

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**COX ALOMAR 2012 INC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	15126.13	28535.56
(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)).....	15126.13	28535.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19680.23	45666.06
(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)).....	19680.23	45666.06
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	76.18	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	100.01	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	116154.75	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**COX ALOMAR 2012 INC**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14796.13	26454.26
(ii) Unitemized.....	330.00	2081.30
(iii) TOTAL of contributions from individuals ▶	15126.13	28535.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15126.13	28535.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	400.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	15126.13	28935.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19680.23	45666.06
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19680.23	45666.06

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4630.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15126.13
25. SUBTOTAL (add Line 23 and Line 24).....	19756.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19680.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	76.18

**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 36
	<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)  
**Rafael Cox Alomar**

Mailing Address Cond. Mansiones Garden Hills

City State Zip Code  
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C H2PR00065**

Name of Employer Occupation  
Self-Employed Attorney at Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1725.13**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2014**

**Transaction ID : SA11AI.11116**

Amount of Each Receipt this Period  
**1000.00**

Contribution made by candidate

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

Mailing Address Cond. Mansiones Garden Hills

City State Zip Code  
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C H2PR00065**

Name of Employer Occupation  
Self-Employed Attorney at Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4755.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2014**

**Transaction ID : SA11AI.11159**

Amount of Each Receipt this Period  
**3030.13**

Contribution made by candidate

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

Mailing Address Cond. Mansiones Garden Hills

City State Zip Code  
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C H2PR00065**

Name of Employer Occupation  
Self-Employed Attorney at Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5783.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : SA11AI.11117**

Amount of Each Receipt this Period  
**1028.00**

Contribution made by candidate

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

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

**5058.13**

**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 36
	<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**

Full Name (Last, First, Middle Initial) <b>A. Rafael Cox Alomar</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address Cond. Mansiones Garden Hills		<b>Transaction ID : SA11AI.11118</b>
City State Zip Code Guaynabo PR 00966	Amount of Each Receipt this Period 4388.00	
FEC ID number of contributing federal political committee. C H2PR00065	Name of Employer Occupation Self-Employed Attorney at Law	Contribution made by candidate
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10171.26	

Full Name (Last, First, Middle Initial) <b>B. David Latoni Cabanillas</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 1856		<b>Transaction ID : SA11AI.11115</b>
City State Zip Code Mayaguez PR 00681	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self-Employed Medical Doctor	
Receipt For: 2016 <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. Victor Mena Irizarry</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address Urb. Caparra Hills H11 Bucare St.		<b>Transaction ID : SA11AI.11154</b>
City State Zip Code Guaynabo PR 00968	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Executive Vice President Holsum Bakers	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6538.00
<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: PAGE 7 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

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

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City State Zip Code  
Guaynabo PR 00968

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

Name of Employer Occupation  
Rios, Gautier & Cesteros CSP Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.11157**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. Box 1080

City State Zip Code  
Mayaguez PR 00681

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

Name of Employer Occupation  
Self-Employed Certified Public Accountant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : SA11AI.11095**

Amount of Each Receipt this Period  
200.00

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

Mailing Address Chalets de Santa Maria # 24

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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : SA11AI.11152**

Amount of Each Receipt this Period  
2000.00

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

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

3200.00

14796.13

**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 8 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**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 / 06 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.11097</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement American Express Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 / 13 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.11098</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.11099</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 9 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**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 / 31 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 0.70 <b>Transaction ID : SB17.11100</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Municipal Sales Tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 02 / 06 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.11102</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement American Express Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.11103</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65.70
<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 10 OF 36
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**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 02 / 28 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.11104</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 02 / 28 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 0.70 <b>Transaction ID : SB17.11105</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Municipal Sales tax	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.11106</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement American Express Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.70
<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 11 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**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 03 / 12 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.11107</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 03 / 31 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.11108</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 0.70 <b>Transaction ID : SB17.11109</b>
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Municipal Sales tax	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.70
<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 12 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 443		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.11132</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Debt Payment-Tax Withholding Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 443		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.11133</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Debt Payment-Tax Withholding Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.11186</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Debt Payment-Tax Withholding Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<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 13 OF 36
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Miguel Hernandez Agosto</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.11135</b>
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Debt Payment-Tax Withholding Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Miguel Hernandez Agosto</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.11136</b>
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Debt Payment-Tax Withholding Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : SB17.11125</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Debt Payment-Tax Withholding Payment Candidate Name Category/Type 001	
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).....	875.00
<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 14 OF 36			
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.11126</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Debt Payment-Tax Withholding Payment Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 385.50 <b>Transaction ID : SB17.11130</b>
City Carolina State PR Zip Code 00987-6950	Purpose of Disbursement Debt Payment-Tax Withholding Payment Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 228.00 <b>Transaction ID : SB17.11131</b>
City Carolina State PR Zip Code 00987-6950	Purpose of Disbursement Debt Payment-Tax Withholding Payment Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	823.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36			
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 3250.00 <b>Transaction ID : SB17.11110</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Car rental-Debt Payment Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : SB17.11111</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Car Rental-Debt Payment Candidate Name Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 5200.00 <b>Transaction ID : SB17.11113</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Car Rental-Debt Obligation Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10400.00
<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 16 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 6794.63 <b>Transaction ID : SB17.11121</b>
City San Juan State PR Zip Code 00919	Purpose of Disbursement Debt Payment-Tax Withholding Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Secretario de Hacienda</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 9024140		Amount of Each Disbursement this Period 6689.63 <b>Transaction ID : SB17.11114</b>
City San Juan State PR Zip Code 00902-4140	Purpose of Disbursement Payment of Employees Income Tax Withholding-Interests and fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		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).....	6794.63
<b>TOTAL</b> This Period (last page this line number only).....	19540.23



**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 100.01	Transaction ID : SD9.4979	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		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 18 OF 36
	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): Professional services-Media advisor
Mailing Address Urb. Roosevelt Canals St. #451		
City State	Zip Code	
San Juan	PR 00918	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7470</b>	
<input type="text" value="98.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="98.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Karenin Biaggi Velazquez</b>		Nature of Debt (Purpose): Professional services-Issues asisstant
Mailing Address Tintillo Gardens 6 St. M-21		
City State	Zip Code	
Guaynabo	PR 00966	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7202</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

C. 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 : SD10.9862</b>	
<input type="text" value="1460.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1460.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3058.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. 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="130.80"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="130.80"/>

B. 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	State	Zip Code
Guaynabo	PR	00968

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4976</b>	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Central 12</b>		Nature of Debt (Purpose): Advertising Consulting Services
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City	State	Zip Code
Guaynabo	PR	00968

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5770</b>	
<input type="text" value="18000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="18000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="23130.80"/>
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"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Central 12**

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Nature of Debt (Purpose):  
Campaign Media and Promotion

Outstanding Balance Beginning This Period **Transaction ID : SD10.7212**  
150.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Central 12**

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Nature of Debt (Purpose):  
Campaign Media and Promotion

Outstanding Balance Beginning This Period **Transaction ID : SD10.7213**  
600.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Central 12**

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Nature of Debt (Purpose):  
Campaign Media and Promotion

Outstanding Balance Beginning This Period **Transaction ID : SD10.7214**  
1200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 1200.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1950.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

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

Outstanding Balance Beginning This Period 2160.00	Transaction ID : SD10.7215	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2160.00

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

Outstanding Balance Beginning This Period 2160.00	Transaction ID : SD10.7216	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2160.00

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

Outstanding Balance Beginning This Period 2160.00	Transaction ID : SD10.7217	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2160.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6480.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Central 12</b>	Nature of Debt (Purpose): Public Relations Expenses-Advertising
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406	
City State Zip Code Guaynabo PR 00968	

Outstanding Balance Beginning This Period 7328.00	<b>Transaction ID : SD10.10936</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7328.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Claro PRT</b>	Nature of Debt (Purpose): Administrative expenses-Telephone services for campaign staff
Mailing Address PO Box 70366	
City State Zip Code San Juan PR 00936-8366	

Outstanding Balance Beginning This Period 432.94	<b>Transaction ID : SD10.7208</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 432.94

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

Outstanding Balance Beginning This Period -100.01	<b>Transaction ID : SD10.4256</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -100.01

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7660.93
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4256

Mr. Pedro Quinones Clemente received in excess of payment a total of \$100.01 He has been requested to reimbursed same amount to Cox Alomar 2012 Inc. This debt was reported on line 9 as a debt owed to the committee.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jose Cruz</b>		Nature of Debt (Purpose): Professional services- Media advisor
Mailing Address PO Box 443		
City	State	Zip Code
Juncos	PR	00777

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7477</b>	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="140.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jose Cruz</b>		Nature of Debt (Purpose): Salary
Mailing Address PO Box 443		
City	State	Zip Code
Juncos	PR	00777

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9854</b>	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="140.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Eastern America Insurance Agency, Inc.</b>		Nature of Debt (Purpose): Insurance
Mailing Address PO Box 193900		
City	State	Zip Code
San Juan	PR	00919

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7490</b>	
<input type="text" value="1227.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1227.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1227.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Facilities Management and Janitorial Services</b>		Nature of Debt (Purpose): janitorial services - committee's offices
Mailing Address PO Box 366586		
City	State	Zip Code
San Juan	PR	00936-6586

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5774</b>	
<input type="text" value="220.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="220.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7472</b>	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="140.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9855</b>	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="140.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="360.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 36
	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>Richard Guzman Rivera</b>		Nature of Debt (Purpose): Field Operations Expenses-Vehicle Rental
Mailing Address 112 Paris St. Urb. Floral Park		
City	State	Zip Code
Hato Rey	PR	00917

Outstanding Balance Beginning This Period	Transaction ID : SD10.10276	
<input type="text" value="300.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Richard Guzman Rivera</b>		Nature of Debt (Purpose): Sound Vehicle Rental
Mailing Address 112 Paris St. Urb. Floral Park		
City	State	Zip Code
Hato Rey	PR	00917

Outstanding Balance Beginning This Period	Transaction ID : SD10.10932	
<input type="text" value="4000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Miguel Hernandez Agosto</b>		Nature of Debt (Purpose): Professional services-Campaign director
Mailing Address Apartado 367746		
City	State	Zip Code
San Juan	PR	00936-7746

Outstanding Balance Beginning This Period	Transaction ID : SD10.7482	
<input type="text" value="350.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="350.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4300.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Miguel Hernandez Agosto</b>		Nature of Debt (Purpose): Salary
Mailing Address Apartado 367746		
City State	Zip Code	
San Juan	PR 00936-7746	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9858</b>	
<input type="text" value="350.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="350.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Imperial Credit Corporation</b>		Nature of Debt (Purpose): insurance premium
Mailing Address PO Box 9777		
City State	Zip Code	
San Juan	PR 00908-0777	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5754</b>	
<input type="text" value="499.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="499.10"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Javier J Lamboy Hernandez</b>		Nature of Debt (Purpose): Professional services- Assistant treasurer, Compliance advisory
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		
City State	Zip Code	
San Juan	PR 00917	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7476</b>	
<input type="text" value="175.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="175.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="499.10"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(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  
**Javier J Lamboy Hernandez**

Mailing Address Carmen St. # 5  
Isabelle Bldg Apt # 2

City State Zip Code  
San Juan PR 00917

Nature of Debt (Purpose):  
Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9853**  
210.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 210.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Israel Morales Alicea**

Mailing Address Terranova 4B9 St.

City State Zip Code  
Guaynabo PR 00969

Nature of Debt (Purpose):  
Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9860**  
140.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ernesto Morales Ramos**

Mailing Address 2 Cond. San Francisco  
VLG Apt. 109

City State Zip Code  
Carolina PR 00987-6950

Nature of Debt (Purpose):  
Reimbursement of meals and gasoline expenses

Outstanding Balance Beginning This Period **Transaction ID : SD10.7186**  
107.03

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 107.03

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	247.03
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ernesto Morales Ramos**

Mailing Address 2 Cond. San Francisco  
 VLG Apt. 109

City State Zip Code  
 Carolina PR 00987-6950

Nature of Debt (Purpose):  
 Professional services- Media Advisor

Outstanding Balance Beginning This Period **Transaction ID : SD10.7475**  
 385.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 385.50 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ernesto Morales Ramos**

Mailing Address 2 Cond. San Francisco  
 VLG Apt. 109

City State Zip Code  
 Carolina PR 00987-6950

Nature of Debt (Purpose):  
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9856**  
 228.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 228.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ivonne Otero Santiago**

Mailing Address Calle 2 #77 Urb. Paseo Alto

City State Zip Code  
 San Juan PR 00926

Nature of Debt (Purpose):  
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9859**  
 140.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 140.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	140.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 36
	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>Partido Popular Democratico Inc.</b>	Nature of Debt (Purpose): Office Rent
Mailing Address 403 Constitucion Ave.	
City State Zip Code San Juan PR 00906	

Outstanding Balance Beginning This Period 5700.00	<b>Transaction ID : SD10.10933</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pitney Bowes</b>	Nature of Debt (Purpose): equipment and postage meter rental
Mailing Address 362 Avenida de la Constitucion	
City State Zip Code San Juan PR 00901	

Outstanding Balance Beginning This Period 351.00	<b>Transaction ID : SD10.5772</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 351.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Restaurante Antonio</b>	Nature of Debt (Purpose): Fundraising Expenses
Mailing Address 1406 Magdalena Ave.	
City State Zip Code San Juan PR 00907	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : SD10.9641</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7051.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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 <input style="width:100%;" type="text" value="312.54"/>	<b>Transaction ID : SD10.4971</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="312.54"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ricoh PR</b>	Nature of Debt (Purpose): Office expenses-Printing services
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.	
City State Zip Code San Juan PR 00917	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="305.00"/>	<b>Transaction ID : SD10.7204</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="305.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>A. Miguel Rios</b>	Nature of Debt (Purpose): Professional services-Sound vehicles for campaign activities.
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street	
City State Zip Code Bayamon PR 00961	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3250.00"/>	<b>Transaction ID : SD10.7196</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="3250.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="617.54"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

**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>A. Miguel Rios</b>	Nature of Debt (Purpose): Rental_Sound Vehicle
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street	
City State Zip Code Bayamon PR 00961	

Outstanding Balance Beginning This Period 11700.00	<b>Transaction ID : SD10.9849</b>	
Amount Incurred This Period 0.00	Payment This Period 7150.00	Outstanding Balance at Close of This Period 4550.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>A. Miguel Rios</b>	Nature of Debt (Purpose): Sound Vehicle Rental
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street	
City State Zip Code Bayamon PR 00961	

Outstanding Balance Beginning This Period 3250.00	<b>Transaction ID : SD10.10273</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>A. Miguel Rios</b>	Nature of Debt (Purpose): Field Operations Vehicle Rental
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street	
City State Zip Code Bayamon PR 00961	

Outstanding Balance Beginning This Period 8750.00	<b>Transaction ID : SD10.10935</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8750.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	16550.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 36
	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 Angeles Rodriguez Weber</b>		Nature of Debt (Purpose): Professional serices- Fundraiser coordinator
Mailing Address Cond. Torre de los Frailes Apt. 11 J		
City State	Zip Code	
Guaynabo	PR 00969	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7471</b>	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="140.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sami Abu Osba/Shell Abuosba</b>		Nature of Debt (Purpose): Gas Expenses
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		
City State	Zip Code	
San Juan	PR 00921	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9851</b>	
<input type="text" value="1970.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1970.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sami Abu Osba/Shell Abuosba</b>		Nature of Debt (Purpose): Gas Expenses
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		
City State	Zip Code	
San Juan	PR 00921	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9850</b>	
<input type="text" value="1970.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1970.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4080.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Christopher Sanchez Ortiz</b>	Nature of Debt (Purpose): Reimbursements for travel and meal expenses.
Mailing Address PO Box 194555	
City State Zip Code San Juan PR 00919	

Outstanding Balance Beginning This Period -0.10	<b>Transaction ID : SD10.7199</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -0.10

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

Outstanding Balance Beginning This Period 105.00	<b>Transaction ID : SD10.7473</b>	
Amount Incurred This Period 0.00	Payment This Period 105.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID : SD10.9857</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1499.90
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="175.00"/>	<b>Transaction ID : SD10.7474</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="175.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2675.00"/>	<b>Transaction ID : SD10.9852</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2675.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vias Car Rental of P.R.</b>	Nature of Debt (Purpose): Vehicles Rental
Mailing Address Urb. Costa de Oro C-2 Marginal St.	
City State Zip Code Dorado PR 00646-2055	

Outstanding Balance Beginning This Period <input type="text" value="10787.66"/>	<b>Transaction ID : SD10.9863</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10787.66"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="13637.66"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 36
	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>Vias Car Rental of P.R.</b>	Nature of Debt (Purpose): Vehicle Rentals
Mailing Address Urb. Costa de Oro C-2 Marginal St.	
City State Zip Code Dorado PR 00646-2055	

Outstanding Balance Beginning This Period 21862.79	<b>Transaction ID : SD10.10934</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21862.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vias Car Rental of PR</b>	Nature of Debt (Purpose): Campaign vehicles rental.
Mailing Address Isla Verde	
City State Zip Code Carolina PR 00979	

Outstanding Balance Beginning This Period 1803.00	<b>Transaction ID : SD10.7201</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1803.00

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) .....	23665.79
2) <b>TOTALS</b> This Period (last page this line number only) .....	116154.75
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) ▶	116154.75