

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

2. **FEC IDENTIFICATION NUMBER** ▼ C C00506212 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
PR 00

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 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 Javier J Lamboy Hernandez
Signature of Treasurer Javier J Lamboy Hernandez [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 14 / 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.

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))....	15126.13	773133.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	3671.45
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15126.13	769461.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20480.26	747489.83
(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)).....	20480.26	747489.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-1470.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	100.01	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	115214.72	

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	510028.83
(ii) Unitemized.....	330.00	258604.53
(iii) TOTAL of contributions from individuals ▶	15126.13	768633.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15126.13	773133.36
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	2356.13
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15126.13	775489.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20480.26	747489.83
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	3671.45
(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	3671.45
21. OTHER DISBURSEMENTS	0.00	7521.53
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20480.26	758682.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3883.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15126.13
25. SUBTOTAL (add Line 23 and Line 24).....	19010.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20480.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1470.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 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) A. Rafael Cox Alomar		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Cond. Mansiones Garden Hills		Transaction ID : SA11AI.11116
City State Zip Code Guaynabo PR 00966	Amount of Each Receipt this Period 1000.00	
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 1000.00	

Full Name (Last, First, Middle Initial) B. Rafael Cox Alomar		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Cond. Mansiones Garden Hills		Transaction ID : SA11AI.11159
City State Zip Code Guaynabo PR 00966	Amount of Each Receipt this Period 3030.13	
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 4030.13	

Full Name (Last, First, Middle Initial) C. Rafael Cox Alomar		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address Cond. Mansiones Garden Hills		Transaction ID : SA11AI.11117
City State Zip Code Guaynabo PR 00966	Amount of Each Receipt this Period 1028.00	
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 5058.13	

SUBTOTAL of Receipts This Page (optional).....	5058.13
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"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Rafael Cox Alomar		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address Cond. Mansiones Garden Hills		Transaction ID : SA11AI.11118
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 9446.13	

Full Name (Last, First, Middle Initial) B. David Latoni Cabanillas		Date of Receipt M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 1856		Transaction ID : SA11AI.11115
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) C. Victor Mena Irizarry		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address Urb. Caparra Hills H11 Bucare St.		Transaction ID : SA11AI.11154
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	

SUBTOTAL of Receipts This Page (optional).....	6538.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 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"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City	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
 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
 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
 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

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.11097
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. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11098
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) c. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11099
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:	

SUBTOTAL of Disbursements This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11100
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. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11102
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) c. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11103
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:	

SUBTOTAL of Disbursements This Page (optional).....	65.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11104
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. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11105
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) C. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11106
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:	

SUBTOTAL of Disbursements This Page (optional).....	25.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11107
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. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11108
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) c. Banco Popular de Puerto Rico		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 Transaction ID : SB17.11109
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:	

SUBTOTAL of Disbursements This Page (optional).....	60.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Jose Cruz		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 Transaction ID : SB17.11132
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. Jose Cruz		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 Transaction ID : SB17.11133
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) c. Carl Gibbs Acosta		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 Transaction ID : SB17.11123
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:	

SUBTOTAL of Disbursements This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Miguel Hernandez Agosto		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 Transaction ID : SB17.11135
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Debt Payment-Tax Withholding 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. Miguel Hernandez Agosto		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 Transaction ID : SB17.11136
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Debt Payment-Tax Withholding 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) C. Javier J Lamboy Hernandez		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 Transaction ID : SB17.11125
City San Juan State PR Zip Code 00917	Purpose of Disbursement Debt Payment-Tax Withholding Payment Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) A. Javier J Lamboy Hernandez		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 Transaction ID : SB17.11126
City San Juan State PR Zip Code 00917	Category/Type 001	
Purpose of Disbursement Debt Payment-Tax Withholding Payment		
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. Ernesto Morales Ramos		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 Transaction ID : SB17.11130
City Carolina State PR Zip Code 00987-6950	Category/Type 001	
Purpose of Disbursement Debt Payment-Tax Withholding Payment		
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) C. Ernesto Morales Ramos		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 Transaction ID : SB17.11131
City Carolina State PR Zip Code 00987-6950	Category/Type 001	
Purpose of Disbursement Debt Payment-Tax Withholding Payment		
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Ivonne Otero Santiago		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.11134
City San Juan State PR Zip Code 00926	Purpose of Disbursement Debt Payment-Tax Withholding 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. A. Miguel Rios		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 Transaction ID : SB17.11110
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) C. A. Miguel Rios		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 Transaction ID : SB17.11111
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:		

SUBTOTAL of Disbursements This Page (optional).....	5340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Miguel Rios		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 Transaction ID : SB17.11113
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Car Rental-Debt Obligation 001 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. Christopher Sanchez Ortiz		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 105.00 Transaction ID : SB17.11121
City San Juan State PR Zip Code 00919	Purpose of Disbursement Debt Payment-Tax Withholding Payment 001 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) c. Secretario de Hacienda		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 Transaction ID : SB17.11114
City San Juan State PR Zip Code 00902-4140	Purpose of Disbursement Payment of Employees Income Tax Withholding-Interests and fees 001 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:		

SUBTOTAL of Disbursements This Page (optional).....	11994.63
TOTAL This Period (last page this line number only).....	19680.23

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address Urb. Country Club
 1100 Carmen Busello St.

City State Zip Code
 San Juan PR 00924

Nature of Debt (Purpose):
 overpayment

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

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7470	
<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="98.00"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7202	
<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 Caguas Expressway Motors		Nature of Debt (Purpose): Car Rental
Mailing Address P.O Box 50045		
City	State	Zip Code
San Juan	PR	00902

Outstanding Balance Beginning This Period	Transaction ID : SD10.9862	
<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) SUBTOTALS This Period This Page (optional)	<input type="text" value="2960.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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
Luis Calderon Navarro

Mailing Address PO Box 315

City State Zip Code
 Loiza PR 00772

Nature of Debt (Purpose):
 hotel room expense

Outstanding Balance Beginning This Period	Transaction ID : SD10.5018	
130.80		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	130.80

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 : SD10.4976	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5000.00

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):
 Advertising Consulting Services

Outstanding Balance Beginning This Period	Transaction ID : SD10.5770	
18000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18000.00

1) SUBTOTALS This Period This Page (optional)	23130.80
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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

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		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 : SD10.7213	
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		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 : SD10.7214	
1200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1200.00

1) SUBTOTALS This Period This Page (optional)	1950.00
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Central 12

Nature of Debt (Purpose):

Campaign Media and Promotion-Social Media

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code
Guaynabo PR 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

Central 12

Nature of Debt (Purpose):

Campaign Media and Promotion-Social Media

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period

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

Central 12

Nature of Debt (Purpose):

Campaign Media and Promotion-Social Media

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period

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

6480.00

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period 7328.00	Transaction ID : SD10.10936	
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 Claro PRT		Nature of Debt (Purpose): Administrative expenses-Telephone services for campaign staff
Mailing Address PO Box 70366		
City San Juan	State PR	Zip Code 00936-8366

Outstanding Balance Beginning This Period 432.94	Transaction ID : SD10.7208	
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 Pedro Clemente Quinones		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 -100.01	Transaction ID : SD10.4256	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -100.01

1) SUBTOTALS This Period This Page (optional)	7660.93
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4256

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

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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
Jose Cruz

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
140.00

Transaction ID : SD10.7477

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

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

Nature of Debt (Purpose):
Salary

Mailing Address PO Box 443

City State Zip Code
Juncos PR 00777

Outstanding Balance Beginning This Period
140.00

Transaction ID : SD10.9854

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Eastern America Insurance Agency, Inc.

Nature of Debt (Purpose):
Insurance

Mailing Address PO Box 193900

City State Zip Code
San Juan PR 00919

Outstanding Balance Beginning This Period
1227.00

Transaction ID : SD10.7490

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1227.00

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

1227.00
0.00
0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 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 Facilities Management and Janitorial Services	Nature of Debt (Purpose): janitorial services - committee's offices
Mailing Address PO Box 366586	
City State Zip Code San Juan PR 00936-6586	

Outstanding Balance Beginning This Period 220.00	Transaction ID : SD10.5774	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carl Gibbs Acosta	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 140.00	Transaction ID : SD10.7472	
Amount Incurred This Period 0.00	Payment This Period 140.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carl Gibbs Acosta	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 140.00	Transaction ID : SD10.9855	
Amount Incurred This Period 0.00	Payment This Period 140.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	220.00
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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Guzman Rivera	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 300.00	Transaction ID : SD10.10276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Guzman Rivera	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 4000.00	Transaction ID : SD10.10932	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Miguel Hernandez Agosto	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 350.00	Transaction ID : SD10.7482	
Amount Incurred This Period 0.00	Payment This Period 350.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	4300.00
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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.9858	
<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 Imperial Credit Corporation		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	Transaction ID : SD10.5754	
<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 Javier J Lamboy Hernandez		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	Transaction ID : SD10.7476	
<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) SUBTOTALS This Period This Page (optional)	<input type="text" value="499.10"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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**

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

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**

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
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**

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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

Nature of Debt (Purpose):

Professional services- Media Advisor

Mailing Address 2 Cond. San Francisco
VLG Apt. 109

City State Zip Code
Carolina PR 00987-6950

Outstanding Balance Beginning This Period

385.50

Transaction ID : SD10.7475

Amount Incurred This Period

0.00

Payment This Period

385.50

Outstanding Balance at Close of This Period

0.00

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

Ernesto Morales Ramos

Nature of Debt (Purpose):

Salary

Mailing Address 2 Cond. San Francisco
VLG Apt. 109

City State Zip Code
Carolina PR 00987-6950

Outstanding Balance Beginning This Period

228.00

Transaction ID : SD10.9856

Amount Incurred This Period

0.00

Payment This Period

228.00

Outstanding Balance at Close of This Period

0.00

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

Ivonne Otero Santiago

Nature of Debt (Purpose):

Salary

Mailing Address Calle 2 #77 Urb. Paseo Alto

City State Zip Code
San Juan PR 00926

Outstanding Balance Beginning This Period

140.00

Transaction ID : SD10.9859

Amount Incurred This Period

0.00

Payment This Period

140.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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 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 Partido Popular Democratico Inc.	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	Transaction ID : SD10.10933	
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 Pitney Bowes	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	Transaction ID : SD10.5772	
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 Restaurante Antonio	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	Transaction ID : SD10.9641	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)	7051.00
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)

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
Ricoh PR

Mailing Address National Plaza Bldg suite 1700
 431 Ponce de Leon Ave.

City State Zip Code
 San Juan PR 00917

Nature of Debt (Purpose):
 copy machine

Outstanding Balance Beginning This Period **Transaction ID : SD10.4971**

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

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

Mailing Address National Plaza Bldg suite 1700
 431 Ponce de Leon Ave.

City State Zip Code
 San Juan PR 00917

Nature of Debt (Purpose):
 Office expenses-Printing services

Outstanding Balance Beginning This Period **Transaction ID : SD10.7204**

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
A. Miguel Rios

Mailing Address Valle Verde II
 Ap-1 Rio Maravilla Street

City State Zip Code
 Bayamon PR 00961

Nature of Debt (Purpose):
 Professional services-Sound vehicles for campaign activities.

Outstanding Balance Beginning This Period **Transaction ID : SD10.7196**

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="617.54"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period 11700.00	Transaction ID : SD10.9849	
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 A. Miguel Rios		Nature of Debt (Purpose): Sound Vehicle Rental
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		
City Bayamon	State PR	Zip Code 00961

Outstanding Balance Beginning This Period 3250.00	Transaction ID : SD10.10273	
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 A. Miguel Rios		Nature of Debt (Purpose): Field Operations Vehicle Rental
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		
City Bayamon	State PR	Zip Code 00961

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

1) SUBTOTALS This Period This Page (optional)	16550.00
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 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 Carmen Angeles Rodriguez Weber		Nature of Debt (Purpose): Professional serices- Fundraiser coordinator
Mailing Address Cond. Torre de los Frailes Apt. 11 J		
City State	Zip Code	
Guaynabo	PR 00969	

Outstanding Balance Beginning This Period	Transaction ID : SD10.7471	
<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 Sami Abu Osba/Shell Abuosba		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	Transaction ID : SD10.9851	
<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 Sami Abu Osba/Shell Abuosba		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	Transaction ID : SD10.9850	
<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) SUBTOTALS This Period This Page (optional)	<input type="text" value="3940.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Sanchez Ortiz	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	Transaction ID : SD10.7199	
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 Christopher Sanchez Ortiz	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	Transaction ID : SD10.7473	
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 Christopher Sanchez Ortiz	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	Transaction ID : SD10.9857	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional)	1499.90
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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edgardo Miguel Vazquez Rivera		Nature of Debt (Purpose): 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	Transaction ID : SD10.7474	
<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"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edgardo Miguel Vazquez Rivera		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	Transaction ID : SD10.9852	
<input type="text" value="2675.00"/>		
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="2675.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vias Car Rental of P.R.		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	Transaction ID : SD10.9863	
<input type="text" value="10787.66"/>		
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="10787.66"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="13462.66"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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
Vias Car Rental of P.R.

Mailing Address Urb. Costa de Oro C-2 Marginal St.

City State Zip Code
 Dorado PR 00646-2055

Nature of Debt (Purpose):
 Vehicle Rentals

Outstanding Balance Beginning This Period **Transaction ID : SD10.10934**
 21862.79

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 21862.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Vias Car Rental of PR

Mailing Address Isla Verde

City State Zip Code
 Carolina PR 00979

Nature of Debt (Purpose):
 Campaign vehicles rental.

Outstanding Balance Beginning This Period **Transaction ID : SD10.7201**
 1803.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 1803.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	23665.79
2) TOTALS This Period (last page this line number only)	115214.72
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) ▶	115214.72