



**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))....	313621.19	633197.94
(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)).....	313621.19	633197.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	277747.43	547259.40
(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)).....	277747.43	547259.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	81628.31	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100.01	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100659.13	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**COX ALOMAR 2012 INC**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	194066.41	407904.85
(ii) Unitemized.....	119554.78	221793.09
(iii) TOTAL of contributions from individuals ▶	313621.19	629697.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	313621.19	633197.94
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	2100.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	313621.19	635297.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	277747.43	547259.40
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 .....	132.15	6410.23
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	277879.58	553669.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	45886.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	313621.19
25. SUBTOTAL (add Line 23 and Line 24).....	359507.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	277879.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	81628.31

**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 305
	<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)  
**Anibal Acevedo Vila**

Mailing Address Ave. Munoz Rivera 894  
Suite 202

City San Juan State PR Zip Code 00927

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2012

**Transaction ID : SA11AI.8315**

Amount of Each Receipt this Period  
500.00

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

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

City San Juan State PR Zip Code 00918

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

Name of Employer Mc Connell & Valdes Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9089**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25 Emajagua St.

City San Juan State PR Zip Code 00913

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

Name of Employer Fiddler, Gonzalez & Rodriguez Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : SA11AI.8732**

Amount of Each Receipt this Period  
200.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Juan Agosto Alicea**

Mailing Address 402 Plaza Atlantica

City State Zip Code  
Carolina PR 00979

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

Name of Employer Occupation  
R&G Financial Group Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : SA11AI.8327**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 402 Plaza Atlantica

City State Zip Code  
Carolina PR 00979

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

Name of Employer Occupation  
R&G Financial Group Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9079**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Baldrich  
Tous Soto 202

City State Zip Code  
San Juan PR 00918

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

Name of Employer Occupation  
Self-Employed Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 02 / 2012

**Transaction ID : SA11AI.7665**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Fernando Agrait Betancourt**

Mailing Address 701 Ave. Ponce de Leon  
Edif. Centro de Seguro 414

City San Juan State PR Zip Code 00907

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11AI.8326**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 701 Ave. Ponce de Leon  
Edif. Centro de Seguro 414

City San Juan State PR Zip Code 00907

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7819**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. Baldrich  
202 Tous Soto St.

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
263.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.7580**

Amount of Each Receipt this Period  
263.22  
In-kind - Fundraising Expense-Meals and Beverages

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

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

1763.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 305
	<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)  
**Blanca Agrait Llado**

Mailing Address Urb. Baldrich  
202 Tous Soto St.

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1663.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.9667**

Amount of Each Receipt this Period  
1400.00

In-kind - Fundraising Expenses-Meals

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

Mailing Address Neptuno #54  
Ext. El Verde

City Caguas State PR Zip Code 00725

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

Name of Employer Traicon Associates, LLC Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.8365**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ada M. Albors Hernandez**

Mailing Address P.O. Box 1842

City Mayaguez State PR Zip Code 00681-1842

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

Name of Employer Unemployed Occupation Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11AI.8066**

Amount of Each Receipt this Period  
500.00

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

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

2150.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 305
	<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)  
**Ada M. Albors Hernandez**

Mailing Address P.O. Box 1842

City State Zip Code  
Mayaguez PR 00681-1842

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

Name of Employer Occupation  
Unemployed Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : SA11Al.8753**

Amount of Each Receipt this Period  
100.00

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

Mailing Address Urb. Baldrich  
202 Tous Soto St.

City State Zip Code  
San Juan PR 00918

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11Al.7576**

Amount of Each Receipt this Period  
1000.00

In-kind - Fundraising Meals

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

Mailing Address Urb. Baldrich  
202 Tous Soto St.

City State Zip Code  
San Juan PR 00918

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2521.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : SA11Al.9665**

Amount of Each Receipt this Period  
321.48

In-kind - Fundraising Expenses-Beverages

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

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

1421.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Eugenio M. Alonso</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012
Mailing Address Urb. Baldrich 202 Tous Soto St.		<b>Transaction ID : SA11AI.8963</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2721.48	

Full Name (Last, First, Middle Initial) <b>Pablo I. Altieri</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2012
Mailing Address Box 8387		<b>Transaction ID : SA11AI.8309</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Andres Alvarez Cruz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2012
Mailing Address PO Box 1014		<b>Transaction ID : SA11AI.9722</b>
City Comerio	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Retailer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 305
	<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)  
**Carmen R. Amador De Jesus**

Mailing Address Urb. Bucare  
2059 Calle Topacio

City Guaynabo State PR Zip Code 00969

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : SA11AI.8727**

Amount of Each Receipt this Period  
200.00

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

Mailing Address Cond. Playa Grande  
1 Taft St. Apt. 12-F

City San Juan State PR Zip Code 00907

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

Name of Employer Alianza Francesa Occupation Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11AI.8555**

Amount of Each Receipt this Period  
2500.00

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

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

City San Juan State PR Zip Code 00913

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

Name of Employer Oneill & Borges Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11AI.8834**

Amount of Each Receipt this Period  
100.00

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Juan Aponte</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Box 8869		<b>Transaction ID : SA11AI.9080</b>
City State Zip Code San Juan PR 00910	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired Actuary		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Maria T. Aponte</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address P.O. Box 523152		<b>Transaction ID : SA11AI.7832</b>
City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation unemployed Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Hector Aponte Rivera</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 490		<b>Transaction ID : SA11AI.7962</b>
City State Zip Code Yabucoa PR 00767	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-Employed Pharmacist		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jorge Aquino Nunez**

Mailing Address Box 1426

City Lares State PR Zip Code 00669

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.7966**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address Apt. 5062

City Cayey State PR Zip Code 00737

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

Name of Employer University of Puerto Rico Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11AI.8317**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address Urb. garden Hills W2 Loma Alta

City Guaynabo State PR Zip Code 00966

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

Name of Employer UBS Financial Occupation Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9072**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Carmen Arriaga Correa**

Mailing Address Urb. Marina Bahia  
Ave. La Marina MB-1

City Catano State PR Zip Code 00962

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : SA11AI.8514**

Amount of Each Receipt this Period  
140.00

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

Mailing Address Urb. Marina Bahia  
Ave. La Marina MB-1

City Catano State PR Zip Code 00962

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7901**

Amount of Each Receipt this Period  
75.00

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

Mailing Address Urb. Marina Bahia  
Ave. La Marina MB-1

City Catano State PR Zip Code 00962

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
415.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.8167**

Amount of Each Receipt this Period  
100.00

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

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

315.00

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

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

FOR LINE NUMBER: PAGE 15 OF 305  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Francisco Arrivi**

Mailing Address 2005 Espana St.  
Ocean Park

City San Juan State PR Zip Code 00911

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9046**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2005 Espana St.  
Ocean Park

City San Juan State PR Zip Code 00911

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11AI.8955**

Amount of Each Receipt this Period  
300.00

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

Mailing Address P.O. Box 505

City Anasco State PR Zip Code 00610

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1217.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : SA11AI.8749**

Amount of Each Receipt this Period  
1017.90  
In-kind - Fundraising Expenses-Meals and Beverages

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

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

1567.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 305
	<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)  
**Eiton Arroyo Muniz**

Mailing Address P.O. Box 505

City Anasco State PR Zip Code 00610

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1417.90**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2012**

**Transaction ID : SA11AI.8806**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address Cond. Imaculada Plaza I Apt. 904  
1717 Ponc de Leon Ave

City San Juan State PR Zip Code 00909-1937

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

Name of Employer self employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.7779**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address PO Box 1080

City Barranquitas State PR Zip Code 00794

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

Name of Employer Self-Employed Occupation Certified Public Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11AI.9726**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1300.00**



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

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

FOR LINE NUMBER: PAGE 17 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jorge L Baco**

Mailing Address **PO Box 9023918**

City **San Juan** State **PR** Zip Code **00902-3918**

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

Name of Employer **Global Insurance** Occupation **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9071**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **P.O. Box 8908**

City **San Juan** State **PR** Zip Code **00910-0908**

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

Name of Employer **Consumer Credit Counseling** Occupation **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11AI.7667**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 1344**  
**Saint Just Station**

City **Trujillo Alto** State **PR** Zip Code **00978**

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

Name of Employer **Econo Supermarkets** Occupation **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11AI.8552**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Johnny Barreto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 1344 Saint Just Station		<b>Transaction ID : SA11Al.8122</b>
City Trujillo Alto	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Econo Supermarkets	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Juan Bayron Justiniano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012
Mailing Address Urb. Bucare 2061 Topacio St.		<b>Transaction ID : SA11Al.8286</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medicina Interna	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Belendez Ferrero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address 1 C4 St. Mans. Garden Hills		<b>Transaction ID : SA11Al.8373</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ferrioli LLC	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 305
	<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. Margarita Benitez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 17th St. NW. Apt. 513  
 City Washington State PR Zip Code 20036  
 FEC ID number of contributing federal political committee. C  
 Name of Employer: Excelencia in Education Occupation: Senior Associate  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 12 / 2012  
**Transaction ID : SA11AI.7649**  
 Amount of Each Receipt this Period: 125.00

**B. Jose L. Benitez Aponte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Harbour Lights  
 Palmas del Mar  
 City Humacao State PR Zip Code 00791  
 FEC ID number of contributing federal political committee. C  
 Name of Employer: Self-Employed Occupation: Medical Doctor  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 400.00

Date of Receipt: 08 / 10 / 2012  
**Transaction ID : SA11AI.8092**  
 Amount of Each Receipt this Period: 400.00

**C. Marimar Benitez Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Urb. Roosevelt  
 407 Jose R. Acosta St.  
 City San Juan State PR Zip Code 00918  
 FEC ID number of contributing federal political committee. C  
 Name of Employer: Retired Occupation: Retired  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 700.00

Date of Receipt: 09 / 16 / 2012  
**Transaction ID : SA11AI.8897**  
 Amount of Each Receipt this Period: 100.00

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 305
	<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)  
**Julio Benitez Rodriguez**

Mailing Address HC-01 Box 4604

City: **Naguabo** State: **PR** Zip Code: **00718**

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

Name of Employer: **JBD Inc.** Occupation: **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **400.00**

Date of Receipt: **08 / 11 / 2012**

**Transaction ID : SA11AI.7956**

Amount of Each Receipt this Period: **200.00**

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

Mailing Address PO Box 130

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

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

Name of Employer: **Retired** Occupation: **Retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **400.00**

Date of Receipt: **09 / 16 / 2012**

**Transaction ID : SA11AI.8985**

Amount of Each Receipt this Period: **400.00**

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

Mailing Address Calle 5 de octubre # 9

City: **Santa Isabel** State: **PR** Zip Code: **00757**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **450.00**

Date of Receipt: **07 / 15 / 2012**

**Transaction ID : SA11AI.8155**

Amount of Each Receipt this Period: **200.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose Berrios Torres</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address HC 4 Box 2900		<b>Transaction ID : SA11AI.9708</b>
City Barranquitas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Retailer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Millie Biascoechea</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 23 / 2012
Mailing Address San Francisco 1713 Jazmin		<b>Transaction ID : SA11AI.8456</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 320.00
Name of Employer Self-Employed	Occupation Designer Consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 420.00	

Full Name (Last, First, Middle Initial) <b>C. Maximo Blondet Matienzo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 206 Pajuil St. Ext. Milaville		<b>Transaction ID : SA11AI.9516</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Economist	Contribution via Internet (ACH)
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1070.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 305
	<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)  
**Nelson Burgos**

Mailing Address **Box 938**

City **Naguabo** State **PR** Zip Code **00718**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11AI.7972**

Amount of Each Receipt this Period  
**600.00**

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

Mailing Address **HC 2 Box 7300**

City **Orocovis** State **PR** Zip Code **00720**

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

Name of Employer **Ferreteria del Centro** Occupation **Autorized Public Accountant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2012**

**Transaction ID : SA11AI.9704**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**BURSON-MARSTELLER/YOUNG & RUBICAM/PRIME POLICY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address **1110 VERMONT AVENUE, NW  
SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00201863**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.9333**

Amount of Each Receipt this Period  
**1500.00**

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 305	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

**A.** Full Name (Last, First, Middle Initial)  
**Luis Cabrera de la Mata**

Mailing Address **PMB 117**  
**Garden Hills Plaza 1353**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**07 / 18 / 2012**

**Transaction ID : SA11AI.8377**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **Urb Monte Hiedra**  
**Calle Guaraguao 140**

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

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

Name of Employer **Unemployed** Occupation **Retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
**08 / 11 / 2012**

**Transaction ID : SA11AI.9765**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **Box 801**

City **Rio Blanco** State **PR** Zip Code **00744**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**08 / 11 / 2012**

**Transaction ID : SA11AI.7968**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ivonne Camacho Pastor</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2012	
Mailing Address Ramos Antonini 162 Este		<b>Transaction ID : SA11AI.8061</b>	
City Mayaguez	State PR	Zip Code 00680	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jorge R. Carbonell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2012	
Mailing Address 605 Mississippi St.		<b>Transaction ID : SA11AI.8299</b>	
City San Francisco	State CA	Zip Code 94107-2936	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employment	Occupation Architect		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Francisco Carvajal Narvaez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2012	
Mailing Address Apartado 1298		<b>Transaction ID : SA11AI.9047</b>	
City Guaynabo	State PR	Zip Code 00970	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Fundacion Francisco Carvajal	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Aurora Casablanca</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Urb. Sabanera 251 Flamboyán St.		<b>Transaction ID : SA11AI.9021</b>
City Dorado	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>Aurora M. Casablanca</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address Urb. Quintas del Rio El Plaza 3		<b>Transaction ID : SA11AI.7674</b>
City Bayamon	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Servicios de TV Paga	Occupation Executive	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Olga M. Casanova de Cestero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2012
Mailing Address Casillas de Palmas 155 Candler Dr Apt. D-8		<b>Transaction ID : SA11AI.8104</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 305
	<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)  
**Emilio Casellas**

Mailing Address 656 Miramar Ave.  
Apto. 7-A

City San Juan State PR Zip Code 00907

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

Name of Employer Occupation  
Puerto Rico Senior Golf League Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9039**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Miguel A. Casellas Lopez**

Mailing Address PO Box 11884

City San Juan State PR Zip Code 00922-1884

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

Name of Employer Occupation  
AON Vice-President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2012

**Transaction ID : SA11AI.8689**

Amount of Each Receipt this Period  
100.00

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

Mailing Address P.O. Box 3146

City Mayaguez State PR Zip Code 00681-3146

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

Name of Employer Occupation  
self-employed Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1986.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2012

**Transaction ID : SA11AI.9669**

Amount of Each Receipt this Period  
986.78  
In-kind - Fundraising Expenses-Meals

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

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

1486.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 305
	<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)  
**Denise Centeno**

Mailing Address Harbour Point C-102

City Humacao State PR Zip Code 00791

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.10907**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jose J Cerra Castaner**

Mailing Address Cond. Los Olmos 36 C/ Nevarez Apt. 141

City San Juan State PR Zip Code 00927

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.7661**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
**Jose R. Cestero- Casanova**

Mailing Address PO Box 195052

City San Juan State PR Zip Code 00919-5052

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.9825**

Amount of Each Receipt this Period  
250.00

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

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

1375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Luis Chaves Torres</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2012	
Mailing Address P.O. Box 192928		<b>Transaction ID : SA11AI.8008</b>	
City San Juan	State PR	Zip Code 00919	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Sunny Planet Eye Wear	Occupation Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Arturo Cherena</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2012	
Mailing Address 626 Berwin Urb. Summit Hills		<b>Transaction ID : SA11AI.8540</b>	
City San Juan	State PR	Zip Code 00920	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Self-Employed	Occupation Wine Broker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Iris Christianson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address Urb. Bucare #11 Diamante St.		<b>Transaction ID : SA11AI.9661</b>	
City Guaynabo	State PR	Zip Code 00969	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209.55 In-kind - Fundraising Expenses-Meals	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 209.55		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3709.55
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Luis Cintron Pineiro</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012
Mailing Address PO Box 126		<b>Transaction ID : SA11AI.7589</b>
City Angeles	State PR	Zip Code 00611
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Carlos Colon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address PO Box 192037		<b>Transaction ID : SA11AI.9028</b>
City San Juan	State PR	Zip Code 00919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Carlos Colon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012
Mailing Address PO Box 192037		<b>Transaction ID : SA11AI.8969</b>
City San Juan	State PR	Zip Code 00919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 305
	<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)  
**Miguel Colon**

Mailing Address 112 Juall Ramos St.

City Bayamon	State PR	Zip Code 00961
-----------------	-------------	-------------------

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

Name of Employer Unemployed	Occupation Retired
--------------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9090**

Amount of Each Receipt this Period  
800.00

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

Mailing Address PO Box 35

City Barranquitas	State PR	Zip Code 00794
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Retailer
-----------------------------------	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 647

City Carolina	State PR	Zip Code 00986
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2012

**Transaction ID : SA11AI.8279**

Amount of Each Receipt this Period  
500.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Luis Colon Gonzalez**

Mailing Address 254 San Jose

City San Juan State PR Zip Code 00921

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.10905**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 267 San Jorge St.  
Apt. 6C

City San Juan State PR Zip Code 00912

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

Name of Employer Self-Employed Occupation Developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9029**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Quintas Las Mueas  
156 Calle Fco. Colon, Julia D-4

City Cayey State PR Zip Code 00736

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2012

**Transaction ID : SA11AI.8063**

Amount of Each Receipt this Period  
500.00

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

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

3250.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8063

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 33 OF 305  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Hector Colon Resto**

Mailing Address PO Box 8253

City State Zip Code  
Caguas PR 00726

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

Name of Employer Occupation  
Colon Construction Inc. President/Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SA11AI.9831**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 195183

City State Zip Code  
San Juan PR 00918

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

Name of Employer Occupation  
Self-Employed Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9086**

Amount of Each Receipt this Period  
400.00

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

Mailing Address PO Box 195183

City State Zip Code  
San Juan PR 00918

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

Name of Employer Occupation  
Self-Employed Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

**Transaction ID : SA11AI.8424**

Amount of Each Receipt this Period  
300.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 305
	<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)  
**Arsenio Comas Urrutia**

Mailing Address Urb. Torrimar Bamboo K3

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
Self-Employed Gynecologist-Obstetrician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 16 / 2012

**Transaction ID : SA11AI.8995**

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 362309

City State Zip Code  
Guaynabo PR 00936

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SA11AI.7835**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. La Arboleda  
D-6 Pino del Rio

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
Hilsa Group Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9035**

Amount of Each Receipt this Period  
250.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Maria L. Cox Alomar**

Mailing Address **PMB 356**  
**138 Winston Churchill Ave.**

City **San Juan** State **PR** Zip Code **00926-6013**

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

Name of Employer **Unemployed** Occupation **Homemaker**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.7800**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **PMB 356**  
**138 Winston Churchill Ave.**

City **San Juan** State **PR** Zip Code **00926-6013**

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

Name of Employer **Unemployed** Occupation **Homemaker**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**825.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9088**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **Cond. Avila Apt. 1-D**  
**Costa Rica St.**

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

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

Name of Employer **Self-Employed** Occupation **Certified Public Accountant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9084**

Amount of Each Receipt this Period  
**400.00**

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ivette Cruz Pagan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address PO Box 6798		<b>Transaction ID : SA11AI.8397</b>
City San Juan	State PR	Zip Code 00914
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Academia de Psiquiatria de PR	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Wilfredo Cubero Soto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2012
Mailing Address P.O. Box 3919		<b>Transaction ID : SA11AI.8811</b>
City Mayaguez	State PR	Zip Code 00681
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer General Decor MFG Corp.	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Ramon Cumba</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 130		<b>Transaction ID : SA11AI.7545</b>
City Bayamon	State PR	Zip Code 00960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer self employed	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose Ramon Cumba</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 130		<b>Transaction ID : SA11Al.8005</b>
City Bayamon	State PR	Zip Code 00960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer self employed	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Jose Dalmau Santiago</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address PO Box 1103		<b>Transaction ID : SA11Al.10893</b>
City Caguas	State PR	Zip Code 00726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer Self-Employed	Occupation General Consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>C. Romulo Danzot Arroyo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 233		<b>Transaction ID : SA11Al.7946</b>
City Yabucoa	State PR	Zip Code 00767
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Angel Davila</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012
Mailing Address PO Box 1496		<b>Transaction ID : SA11AI.8532</b>
City Juncos	State PR	Zip Code 00777
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00	
Name of Employer Gennesaret Farming Systems	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Jose Guillermo Davila</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012
Mailing Address Urb. Quintas del Rio El Plaza # 3		<b>Transaction ID : SA11AI.8835</b>
City Bayamon	State PR	Zip Code 00961
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer S and P Tax	Occupation Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

Full Name (Last, First, Middle Initial) <b>C. Ruth Davila Matos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address A31 1st St. Ext. Vila Rica		<b>Transaction ID : SA11AI.9102</b>
City Bayamon	State PR	Zip Code 00959
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Laboratorio Caribe	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gladys De Hestres**

Mailing Address PO Box 9021024

City San Juan State PR Zip Code 00902-1024

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

Name of Employer unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11AI.8937**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Nestor De Jesus Pou**

Mailing Address Urb. La Villa de Torrimar  
163 Reina Ana St.

City Guaynabo State PR Zip Code 00969

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

Name of Employer Ana G Mendez University Syst Occupation Board Member

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9092**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Cantera 13 Aponte St.

City San Juan State PR Zip Code 00915

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.9815**

Amount of Each Receipt this Period  
500.00

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

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

950.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.9815

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Israel Delgado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address A Lopez Font Martelo St.		<b>Transaction ID : SA11AI.9738</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Nivia Delgado Benabe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2012
Mailing Address PO Box 3762		<b>Transaction ID : SA11AI.8277</b>
City Carolina	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Policlínica Luis Rodriguez	Occupation Teacher-Administrator	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Manuel Del Nido</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Calle Argentina Garden Hills		<b>Transaction ID : SA11AI.7815</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Del Nido & Associates	Occupation President	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Wichy Diaz Natal**

Mailing Address **Box 135**

City **Manati** State **PR** Zip Code **00674**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9109**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **HC # Box 1298**

City **Yabucoa** State **PR** Zip Code **00767**

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

Name of Employer **Dr. Roque Diaz Tizol College** Occupation **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11AI.7938**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **Road 351 # 3230**

City **Mayaguez** State **PR** Zip Code **00682**

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

Name of Employer **self employed** Occupation **Surgeon**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11AI.8053**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 305
	<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)  
**Normando G. Duran Guzman**

Mailing Address 351 Ave. Hostos Suite 209

City State Zip Code  
Mayaguez PR 00680

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.8067**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 364148

City State Zip Code  
San Juan PR 00936

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

Name of Employer Occupation  
Reichard & Escalera Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9096**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Chalets de Cupey  
200 Ave. Los Chalets 93 Apt. L124

City State Zip Code  
San Juan PR 00926

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

Name of Employer Occupation  
Goldman, Antonetti & Cordova Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SA11AI.9069**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jorge L. Fernandez**

Mailing Address PO Box 360892

City San Juan State PR Zip Code 00936

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

Name of Employer OMEGA Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11AI.8319**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1717 Calle Lilas

City San Juan State PR Zip Code 00927

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : SA11AI.8313**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1717 Calle Lilas

City San Juan State PR Zip Code 00927

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11AI.8311**

Amount of Each Receipt this Period  
 2500.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose Fernandez Paoli</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address PO Box 11750		<b>Transaction ID : SA11AI.7830</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Delgado & Fernandez LLP	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Nereida Figueroa Maldonado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address Plaza del Parque Apt. 243		<b>Transaction ID : SA11AI.8525</b>
City Trujillo Alto	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer San Juan Municipality	Occupation Assistant	In-kind - Fundraising Expenses-Music
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. Aida Figueroa Ortiz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address PO Box 1267 Apdo. 43		<b>Transaction ID : SA11AI.8383</b>
City Naguabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 46 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Joel Flores Cruz**

Mailing Address Urb. Bosque Llanos  
419 Caoba St.

City San Lorenzo State PR Zip Code 00754

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

Name of Employer AEE of Puerto Rico Occupation Supervisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.8017**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. La Arboleda  
B9 Hasting

City Guaynabo State PR Zip Code 00966

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7817**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 3003

City Mayaguez State PR Zip Code 00681

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

Name of Employer Sucesores de Esmoris & Co. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA11AI.8049**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Manuel Franco</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address Apartado 405		<b>Transaction ID : SA11AI.8138</b>
City Santa Isabel	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.59
Name of Employer Self-Employed	Occupation Retailer	In-kind - Fundraising Expenses-Meals
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.59	

Full Name (Last, First, Middle Initial) <b>B. Gloriamalia Freire de Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Urb. Santa Maria 58 Orquidea St.		<b>Transaction ID : SA11AI.8517</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Javier Fuentes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012
Mailing Address PO Box 1121		<b>Transaction ID : SA11AI.9065</b>
City Manati	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1255.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 305
	<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)  
**Hector Galarza**

Mailing Address Urb. Purple Tree  
518 Andres Bello St.

City San Juan State PR Zip Code 00926

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11AI.9313**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1570 Cabalieri St.  
Urb. Caribe

City San Juan State PR Zip Code 00927

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11AI.8536**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 96 Mayaguez St.

City San Juan State PR Zip Code 00917

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.9829**

Amount of Each Receipt this Period  
250.00

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rafael Garcia Rodon**

Mailing Address Edificio Banco Popular Suite 201  
Calle Tetuan 206

City San Juan State PR Zip Code 00901

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11AI.9818**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address Edificio Banco Popular Suite 201  
Calle Tetuan 206

City San Juan State PR Zip Code 00901

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1550.00**

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

**Transaction ID : SA11AI.8034**

Amount of Each Receipt this Period  
**1200.00**

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

Mailing Address PO Box 364906

City San Juan State PR Zip Code 00936

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11AI.8293**

Amount of Each Receipt this Period  
**500.00**

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

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

**1950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 305
	<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)  
**Hector Gonzalez**

Mailing Address Box 364744

City San Juan State PR Zip Code 00938

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

Name of Employer Metro PR Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9052**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Dorado East #183

City Dorado State PR Zip Code 00646

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.9058**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Paraiso de Coamo  
807 Serenidad Street

City Coamo State PR Zip Code 00769

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

Name of Employer AEE Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11AI.8148**

Amount of Each Receipt this Period  
50.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 305
	<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)  
**Ramon Gonzalez Cordero**

Mailing Address PO Box 363651

City San Juan State PR Zip Code 00936

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

Name of Employer Empire Gas Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.8000**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address HC 74 Box 5284

City Naranjito State PR Zip Code 00719

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

Name of Employer Clinica La Montana Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.9698**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Panorama A2 Calle 2

City Bayamon State PR Zip Code 00957-4379

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
364.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.7999**

Amount of Each Receipt this Period  
100.00

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

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

2850.00

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

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

FOR LINE NUMBER: PAGE 52 OF 305  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Ruth Gonzalez Reyes**

Mailing Address Urb. El Comandante  
962 Calle G de la Vega

City San Juan State PR Zip Code 00924-3527

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7845**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. Bucare 13  
Diamante St.

City Guaynabo State PR Zip Code 00969

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

Name of Employer Self-Employed Occupation Designer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.9659**

Amount of Each Receipt this Period  
350.91  
In-kind - Fundraising Expenses-Music-Rentals

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

Mailing Address 57 Washington St.  
Apt. 2

City San Juan State PR Zip Code 00907

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

Name of Employer Ernst & Young Occupation Auditor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : SA11AI.8690**

Amount of Each Receipt this Period  
400.00

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

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

1250.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 305
	<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)  
**Jeremias Gonzalez Velez**

Mailing Address **PO Box 546**

City **jayuya** State **PR** Zip Code **00664**

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

Name of Employer **Gonzalez Bus Line** Occupation **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2012**

**Transaction ID : SA11AI.9112**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **Box 1315**

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

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

Name of Employer **Self-Employed** Occupation **Certified Public Accountant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9050**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **5 East Irving St.**

City **Chevy Chase** State **MD** Zip Code **20815**

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

Name of Employer **Prime Policy Group** Occupation **Managing Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2012**

**Transaction ID : SA11AI.8576**

Amount of Each Receipt this Period  
**500.00**

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

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

**1400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Migdonia Grajales</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address PO Box 363148		<b>Transaction ID : SA11AI.9813</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Alex Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 24 / 2012
Mailing Address Urb. Monticelo 114 Calle Augusto Rodriguez		<b>Transaction ID : SA11AI.9279</b>
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Engineered Solutions	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>C. Porfirio Guzman Robles</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address PMB 43 HC 72 Box 3766		<b>Transaction ID : SA11AI.9716</b>
City Naranjito	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer A la Orden Discount	Occupation President	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. James Healey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address 1110 Vermont Ave NW Ste 1000		<b>Transaction ID : SA11AI.8563</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Elsie LA Herger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2012
Mailing Address Cond. Candina One 1 Candina St. Apt. 2		<b>Transaction ID : SA11AI.8457</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hosteria del Mar	Occupation President	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. Edgardo Hernandez Lopez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address Urb. Parana S9 5th Street		<b>Transaction ID : SA11AI.9511</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Medical Doctor	Contribution via Internet (ACH)
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Sol Alto St. #1

City San Juan State PR Zip Code 00901

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : SA11AI.8544**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address Urb. Palmas Plantation  
34 Birdie LN

City Humacao State PR Zip Code 00791

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

Name of Employer Sonnedix Solar Occupation VP of Operations

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9082**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Jazmin St. 1709  
Urb. San Francisco

City San Juan State PR Zip Code 00936

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11AI.8648**

Amount of Each Receipt this Period  
250.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jorge Irizarry Herrans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012	
Mailing Address 1308 Luchetti St. Apt. 401		<b>Transaction ID : SA11AI.8367</b>	
City San Juan State PR Zip Code 00907	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Sandoval Advisors Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Jorge Irizarry Herrans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012	
Mailing Address 1308 Luchetti St. Apt. 401		<b>Transaction ID : SA11AI.9070</b>	
City San Juan State PR Zip Code 00907	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Sandoval Advisors Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Jose A Janer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012	
Mailing Address Urb. Rio Piedras Heights 137 Yaguez St.		<b>Transaction ID : SA11AI.9821</b>	
City San Juan State PR Zip Code 00926	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.9821

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:

**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 59 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Boris Jaskille</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2012	
Mailing Address 225 Tulip St. Urb. Court Yard #9		<b>Transaction ID : SA11AI.8375</b>	
City San Juan State PR Zip Code 00926	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Ferraiuoli LLC Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Boris Jaskille</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2012	
Mailing Address 225 Tulip St. Urb. Court Yard #9		<b>Transaction ID : SA11AI.8389</b>	
City San Juan State PR Zip Code 00926	Amount of Each Receipt this Period 321.93		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Ferraiuoli LLC Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1071.93		
In-kind - Fundraising Expenses-Meals			

Full Name (Last, First, Middle Initial) <b>C. Emilio Jimenez</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2012	
Mailing Address P.O. Box 22678		<b>Transaction ID : SA11AI.8283</b>	
City San Juan State PR Zip Code 00931	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self-Employed Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1571.93
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 305
	<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)  
**Milton Jimenez**

Mailing Address Urb. Lakeview Estates

City State Zip Code  
Caguas PR 00725

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

Name of Employer Occupation  
OMEGA Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : SA11AI.8321**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Villa de las Americas # 52  
A-18

City State Zip Code  
San Juan PR 00927

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

Name of Employer Occupation  
Caribbean Restaurants LLC Finance Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2012

**Transaction ID : SA11AI.8892**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 1856

City State Zip Code  
Mayaguez PR 00681

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : SA11AI.8054**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Olvin Laureano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2012	
Mailing Address P.O. Box 1192		<b>Transaction ID : SA11AI.7522</b>	
City Vega Baja	State PR	Zip Code 00693	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer MEM	Occupation Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. Vince Laureano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2012	
Mailing Address Palma Real Z-12		<b>Transaction ID : SA11AI.8290</b>	
City Guaynabo	State PR	Zip Code 00960	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Engineer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Vince Laureano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2012	
Mailing Address Palma Real Z-12		<b>Transaction ID : SA11AI.8292</b>	
City Guaynabo	State PR	Zip Code 00960	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Engineer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 194089**

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

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

Name of Employer **Ledesma, Vargas & Villarrubia** Occupation **Lawyer**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11AI.8387**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Edrick D. Lopez Enriquez**

Mailing Address **P.O. Box 29**

City **Mayaguez** State **PR** Zip Code **00681-0029**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2012**

**Transaction ID : SA11AI.8058**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 699**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11AI.9732**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Hector Lopez Pumarejo</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2012	
Mailing Address 252 Ponce de Leon Ave.		<b>Transaction ID : SA11AI.9054</b>	
City San Juan	State PR	Zip Code 00918	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer HLP Developers	Occupation Economist		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Pedro Lorenzi</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2012	
Mailing Address P.O. Box 29508		<b>Transaction ID : SA11AI.9806</b>	
City San Juan	State PR	Zip Code 00929-0508	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Pedro Lorenzi</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2012	
Mailing Address P.O. Box 29508		<b>Transaction ID : SA11AI.8874</b>	
City San Juan	State PR	Zip Code 00929-0508	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Sandra V Lugo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012
Mailing Address Parque de Loyola PH-1202		<b>Transaction ID : SA11AI.9676</b>
City San Juan	State PR	Zip Code 00918
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Bruny Lugo de Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012
Mailing Address Carr. 2 Km 168.2 Int. Box 1796		<b>Transaction ID : SA11AI.8078</b>
City San German	State PR	Zip Code 00683
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Lilliam Maldonado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 24 / 2012
Mailing Address PO Box 8086 Urb. Las Veredas		<b>Transaction ID : SA11AI.9637</b>
City Caguas	State PR	Zip Code 00726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1918.70	
Name of Employer Comision Estatal de Elecciones	Occupation Assistant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2018.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3218.70
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCF HZ`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.9676

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:

**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 66 OF 305
	<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)  
**Magdaly Maldonado de Oms**

Mailing Address **Diamela 1800**  
**Urb. Santa Maria**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2012**

**Transaction ID : SA11AI.8356**

Amount of Each Receipt this Period  
**500.00**

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

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

City **Carolina** State **PR** Zip Code **00797**

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

Name of Employer **Kikuet** Occupation **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11AI.7964**

Amount of Each Receipt this Period  
**1000.00**

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

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

City **Carolina** State **PR** Zip Code **00797**

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

Name of Employer **Kikuet** Occupation **Owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11AI.8503**

Amount of Each Receipt this Period  
**700.00**

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

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

**2200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 305
	<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)  
**Victor Marcial Burgos**

Mailing Address P.O. Box 360816

City San Juan State PR Zip Code 00936

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.7714**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Diamante St. A-30

City Guaynabo State PR Zip Code 00968

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

Name of Employer Pharmaceutical Industry Assn. Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9014**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Cond. Monte Sur Apt.939  
190 Ave Hostos

City San Juan State PR Zip Code 00918-4628

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.7627**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carlos Marquez Rosario</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Urb. Brisas d Montecasino Caney 568		Transaction ID : SA11AI.9024
City Toa Alta	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Francisco Martin Caso</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address PMB 244 Garden Hills Plaza 1653		Transaction ID : SA11AI.8381
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Training Resources Corp.	Occupation Consultant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Rafael Martinez Margarida</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Urb. Garden Hills G6 Green Hill St.		Transaction ID : SA11AI.9100
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Certified Public Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 305
	<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 Martinez Rodriguez**

Mailing Address Urb. San Antonio  
Daniela St. 2328

City Ponce State PR Zip Code 00728

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

Name of Employer US Army Occupation Colonel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
08 / 10 / 2012

**Transaction ID : SA11AI.9673**

Amount of Each Receipt this Period  
1000.00

In-kind - Fundraising Expenses-Meals and Music

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

Mailing Address Atalaya St. D-11

City Guaynabo St. State PR Zip Code 00966

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

Name of Employer unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
08 / 22 / 2012

**Transaction ID : SA11AI.7926**

Amount of Each Receipt this Period  
150.00

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

Mailing Address Paseo Los Corales  
633 Mar de Bearing

City Dorado State PR Zip Code 00646

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
07 / 19 / 2012

**Transaction ID : SA11AI.9531**

Amount of Each Receipt this Period  
500.00

Contribution via Internet (PayPal)

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Elliot Melecio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2012
Mailing Address Paseo Los Corales 633 Mar de Bearing		<b>Transaction ID : SA11AI.9508</b>
City Dorado State PR Zip Code 00646	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution via Internet (ACH)
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>B. Elliot Melecio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address Paseo Los Corales 633 Mar de Bearing		<b>Transaction ID : SA11AI.9521</b>
City Dorado State PR Zip Code 00646	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution via Internet (ACH)
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. Victor Luis Mena Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Caparra Hills Calle Bucare H-11		<b>Transaction ID : SA11AI.9105</b>
City Guaynabo State PR Zip Code 00968	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Contribution via Internet (ACH)
Name of Employer Self-Employed	Occupation Baker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 71 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Niso Menda Cohen**

Mailing Address 20 Carrion Ct. Apt 402

City San Juan State PR Zip Code 00911

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.9245**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

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

Mailing Address PO Box 190476

City San Juan State PR Zip Code 00919-0476

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

Name of Employer Jose Luis Mendoza & Co. Occupation Certified Public Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

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

**Transaction ID : SA11AI.8130**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 400.00

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

Mailing Address PO Box 190476

City San Juan State PR Zip Code 00919-0476

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

Name of Employer Jose Luis Mendoza & Co. Occupation Certified Public Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9074**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 950.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 72 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address Costa Verde 38  
Palmas del Mar

City State Zip Code  
Humacao PR 00791

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

Name of Employer Occupation  
Vaqueria GRJ Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.7954**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Cond. Plaza del Mar  
3001 Isla Verde Ave. Apt. 3001

City State Zip Code  
Carolina PR 00979

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

Name of Employer Occupation  
Self-Employed Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.8566**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO Box 6570

City State Zip Code  
Caguas PR 00725

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

Name of Employer Occupation  
Quality Electro Planting Corp. President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11AI.9261**

Amount of Each Receipt this Period  
200.00

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

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

3200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 305
	<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)  
**Ada Miranda Velazquez**

Mailing Address 243 Paris St. PMB 1277

City San Juan State PR Zip Code 00917

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

Name of Employer University of Puerto Rico Occupation Administrative Assistant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1003.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.9642**

Amount of Each Receipt this Period  
**500.00**

In-kind - Fundraising Expenses-Rent

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

Mailing Address 243 Paris St. PMB 1277

City San Juan State PR Zip Code 00917

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

Name of Employer University of Puerto Rico Occupation Administrative Assistant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **503.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.9644**

Amount of Each Receipt this Period  
**503.75**

In-kind - Fundraising Expenses-Meals

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

Mailing Address 243 Paris St. PMB 1277

City San Juan State PR Zip Code 00917

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

Name of Employer University of Puerto Rico Occupation Administrative Assistant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1023.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2012

**Transaction ID : SA11AI.8601**

Amount of Each Receipt this Period  
**20.00**

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

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

**1023.75**

**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 74 OF 305	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

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

Full Name (Last, First, Middle Initial) <b>A. Joaquin Monserrate Matienzo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2012
Mailing Address Munoz Rivera Ave. 606		<b>Transaction ID : SA11AI.8546</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Monserrate Law Firm	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Manuel D. Montalvo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address 1733 Ave. Jesus T. Pinero		<b>Transaction ID : SA11AI.9087</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self employed	Occupation Certified Public Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Montalvo Trias</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address Parque Loyola 1505		<b>Transaction ID : SA11AI.10904</b>
City Hato Rey	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose Montes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2012
Mailing Address 1713 Lilas St.		<b>Transaction ID : SA11AI.7833</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Evaristo Morales</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012
Mailing Address PO Box 36307642		<b>Transaction ID : SA11AI.9043</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Joerel Morales Cruz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address Degetau Ave. A-3 Bonnterrace		<b>Transaction ID : SA11AI.8031</b>
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Seguros Joerel Morales	Occupation Insurance Agent	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 305
	<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)  
**Joerel Morales Cruz**

Mailing Address Degetau Ave. A-3  
Bonnterrace

City State Zip Code  
Caguas PR 00725

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

Name of Employer Occupation  
Seguros Joerel Morales Insurance Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11A1.8502**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 232 Rey Fernando  
Villa de Torrimar

City State Zip Code  
Guaynabo PR 00969

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

Name of Employer Occupation  
Kinesis Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA11A1.7840**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 232 Rey Fernando  
Villa de Torrimar

City State Zip Code  
Guaynabo PR 00969

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

Name of Employer Occupation  
Kinesis Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA11A1.7842**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 305
	<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 Muniz**

Mailing Address Sabanera Dorado  
476 Camino de la Vega

City Dorado State PR Zip Code 00646

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

Name of Employer Ferraiuoli LLC Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.8385**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 232 Rey Fernando  
La Villa de Torrimar

City Guaynabo State PR Zip Code 00969

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

Name of Employer Kinesis Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
999.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2012

**Transaction ID : SA11AI.9631**

Amount of Each Receipt this Period  
816.61

In-kind - Fundraising Expenses-Meals

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

Mailing Address PO Box 363148

City San Juan State PR Zip Code 00936

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

Name of Employer Munoz Holdings, Inc. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.9819**

Amount of Each Receipt this Period  
1000.00

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

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

2316.61

**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 78 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Antonio Munoz Bermudez**

Mailing Address PO Box 363148

City San Juan State PR Zip Code 00936

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

Name of Employer Munoz Holdings, Inc. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11AI.9824**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Caparra Classic Apto. 1101  
Ortegon Ave. Num. 105

City Guaynabo State PR Zip Code 00966

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11AI.7569**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Urb. Paseo Mayor  
4 St. B-33

City San Juan State PR Zip Code 00926

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

Name of Employer Sanchez Betances Sifre & Munoz Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.7574**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Gilda Nadal</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2012
Mailing Address PO Box 360964		<b>Transaction ID : SA11AI.8422</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Sucesion J.A. Nadal-Geigel	Occupation Administrator	In-kind - Fundraising expenses-Meals
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Marina Nadal</b>		Date of Receipt MM / DD / YYYY 08 / 02 / 2012
Mailing Address PO Box 361700		<b>Transaction ID : SA11AI.7598</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>C. Gilda Nadal Vazquez</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2012
Mailing Address PO Box 360964		<b>Transaction ID : SA11AI.8519</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jose A. Nassar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address Box 9132		<b>Transaction ID : SA11AI.8094</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Jose A. Nassar & Associates	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Carlos Nassar Yumet</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address PO Box 9132		<b>Transaction ID : SA11AI.8098</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Jose A. Nassar & Associates	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jose R. Nassar Yumet</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address Po Box 9132		<b>Transaction ID : SA11AI.8096</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Jose A. Nassar & Associates	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 81 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 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)  
**Jorge Nazario**

Mailing Address PO Box 70198

City San Juan State PR Zip Code 00936

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

Name of Employer CEGSOFT Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.8369**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 360486

City San Juan State PR Zip Code 00936-0486

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA11AI.8353**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 360486

City San Juan State PR Zip Code 00936-0486

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 909.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA11AI.8607**

Amount of Each Receipt this Period  
 359.00  
 In-kind - Fundraising Expenses-Meals

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

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

659.00

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

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

FOR LINE NUMBER: PAGE 82 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  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)  
**Eduardo Ojeda**

Mailing Address Urb. Isabella Los Prados  
60 Grand Boulevard

City Caguas State PR Zip Code 00727

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.10895**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Las Violetas 2003

City San Juan State PR Zip Code 00915

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

Name of Employer Occupation  
Unemployed Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11AI.9098**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 360994

City San Juan State PR Zip Code 00936-0994

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

Name of Employer Occupation  
ESI Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2012

**Transaction ID : SA11AI.8301**

Amount of Each Receipt this Period  
2500.00

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

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

3000.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.10895

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Green Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:

**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 84 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Humberto Olivencia Rabell**

Mailing Address Edif. La Palma Ofic. 2-B

City Mayaguez State PR Zip Code 00680

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.8072**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 8389

City Humacao State PR Zip Code 00792-8389

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.7979**

Amount of Each Receipt this Period  
400.00

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

Mailing Address PO Box 8389

City Humacao State PR Zip Code 00792-8389

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11AI.8012**

Amount of Each Receipt this Period  
400.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Maria J. Oquendo Delgado**

Mailing Address PO Box 9021712

City San Juan State PR Zip Code 00902-1712

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

Name of Employer: **Empresas Intec Puerto Rico** Occupation: **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **07 / 12 / 2012**

**Transaction ID : SA11AI.7801**

Amount of Each Receipt this Period: **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Maria J. Oquendo Delgado**

Mailing Address PO Box 9021712

City San Juan State PR Zip Code 00902-1712

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

Name of Employer: **Empresas Intec Puerto Rico** Occupation: **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **450.00**

Date of Receipt: **07 / 12 / 2012**

**Transaction ID : SA11AI.9792**

Amount of Each Receipt this Period: **200.00**

In-kind - Purchase of Pins

**C.** Full Name (Last, First, Middle Initial)  
**Maria J. Oquendo Delgado**

Mailing Address PO Box 9021712

City San Juan State PR Zip Code 00902-1712

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

Name of Employer: **Empresas Intec Puerto Rico** Occupation: **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **550.00**

Date of Receipt: **07 / 15 / 2012**

**Transaction ID : SA11AI.8581**

Amount of Each Receipt this Period: **100.00**

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

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

**400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Maria J. Oquendo Delgado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012	
Mailing Address PO Box 9021712		<b>Transaction ID : SA11AI.7634</b>	
City San Juan	State PR	Zip Code 00902-1712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer Empresas Intec Puerto Rico	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 675.00		

Full Name (Last, First, Middle Initial) <b>B. Maria J. Oquendo Delgado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012	
Mailing Address PO Box 9021712		<b>Transaction ID : SA11AI.7888</b>	
City San Juan	State PR	Zip Code 00902-1712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Empresas Intec Puerto Rico	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 825.00		

Full Name (Last, First, Middle Initial) <b>C. Maria J. Oquendo Delgado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012	
Mailing Address PO Box 9021712		<b>Transaction ID : SA11AI.8471</b>	
City San Juan	State PR	Zip Code 00902-1712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer Empresas Intec Puerto Rico	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 845.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Dolores Oronoz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2012	
Mailing Address Torrimar Bambu K-4		<b>Transaction ID : SA11AI.8957</b>	
City Guaynabo	State PR	Zip Code 00966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Unemployed	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. Mario Oronoz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2012	
Mailing Address Torrimar Alto Bamboo K4		<b>Transaction ID : SA11AI.8958</b>	
City Guaynabo	State PR	Zip Code 00966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1013.93		

Full Name (Last, First, Middle Initial) <b>C. Glorimar Ortiz Marrero</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2012	
Mailing Address HC 01 Box 5144		<b>Transaction ID : SA11AI.9724</b>	
City Barranquitas	State PR	Zip Code 00794	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Authorized Public Accountant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Juan Ortiz Matos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address PO Box 1117		<b>Transaction ID : SA11AI.9710</b>
City Corozal	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Centro de Medicina Interna	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Hector Ortiz Ortiz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address PO Box 9121		<b>Transaction ID : SA11AI.10902</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Centro Sicologico del Sur Este	Occupation President	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Maribel Ortiz Palacios</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address Urb. Cerro Real 7-M St.		<b>Transaction ID : SA11AI.8568</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Unemployed	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Angel Ortiz Zayas</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2012
Mailing Address Cond. Alturas del Bosque 350 Carr. 844 Apt. 5604		Transaction ID : SA11AI.8002
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Design Build S.E.	Occupation Project Manager	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Sylvia Otero</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address PMB 132 Box 3802		Transaction ID : SA11AI.8431
City Ciales	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Pagan</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2012
Mailing Address Urb. Alto Apolo 212 Lerna St.		Transaction ID : SA11AI.7843
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2740.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8431

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 91 OF 305  
(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)  
**Heriberto Pagan Saez**

Mailing Address Urb. Sagrado Corazon  
San Julian St # 1619

City San Juan State PR Zip Code 00926

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

Name of Employer self employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11AI.8930**

Amount of Each Receipt this Period  
200.00

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

Mailing Address P.O. Box 448

City Guayama State PR Zip Code 00785

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.8010**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Cristolita U-11  
Villa Blanca

City Caguas State PR Zip Code 00725

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

Name of Employer Cristo de los Milagros Academy Occupation General Director and Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11AI.9257**

Amount of Each Receipt this Period  
300.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jaime Pedraza Pena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address 37 Munoz Rivera St.		<b>Transaction ID : SA11AI.9718</b>
City Barranquitas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Doris Pena Senati</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012
Mailing Address Urb. estancias de Rio Calle Jacaguas		<b>Transaction ID : SA11AI.8323</b>
City Aguas Buenas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Farmacia Comunidad	Occupation Pharmacist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Pena Torres</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address HC 01 Box 5267		<b>Transaction ID : SA11AI.9702</b>
City Orocovis	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Almacen Pena	Occupation Executive	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 93 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Carlos Pineiro Crespo**

Mailing Address Urb. Montehiedra  
161 Pitirre St.

City San Juan State PR Zip Code 00926

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

Name of Employer HIMA Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11AI.10891**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1607 Colon St. #101

City San Juan State PR Zip Code 00911

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

Name of Employer Albedrio Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.8363**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Urb. Baldrich  
206 Presidente Ramirez St.

City San Juan State PR Zip Code 00918

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7828**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 94 OF 305  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **Dorado Beach E # 191**

City **Dorado** State **PR** Zip Code **00646**

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

Name of Employer **self-employed** Occupation **Engineer**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9106**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **1506 Martin Travieso**

City **San Juan** State **PR** Zip Code **00911**

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

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

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

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

**Transaction ID : SA11AI.8534**

Amount of Each Receipt this Period  
**1250.00**

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

Mailing Address **PO Box 192273**

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

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

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

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2117.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2012**

**Transaction ID : SA11AI.9681**

Amount of Each Receipt this Period  
**1850.00**  
In-kind - Fundraising Expenses-Meals

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Yoly Prohias</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address PO Box 192273		<b>Transaction ID : SA11AI.9683</b>
City San Juan	State PR	
Zip Code 00919		Amount of Each Receipt this Period 267.24 In-kind - Fundraising Expenses-Beverages
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Chef	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 267.24	

Full Name (Last, First, Middle Initial) <b>B. Margarita Pumarada Surillo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Cond. Palma Real Apt. 7		<b>Transaction ID : SA11AI.7837</b>
City San Juan	State PR	
Zip Code 00907		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Isis Quinones</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Calle Luchetti 1308 Apto. 501		<b>Transaction ID : SA11AI.7892</b>
City San Juan	State PR	
Zip Code 00907		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Producer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1667.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 305
	<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)  
**Isis Quinones**

Mailing Address Calle Luchetti 1308  
Apto. 501

City San Juan State PR Zip Code 00907

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

Name of Employer Self-Employed Occupation Producer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7894**

Amount of Each Receipt this Period  
225.00

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

Mailing Address Urb. Gardens Hills  
Hastings St. Z-21

City Guaynabo State PR Zip Code 00966

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

Name of Employer Quinonez & Arbona Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.9804**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 8921

City San Juan State PR Zip Code 00910

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11AI.7630**

Amount of Each Receipt this Period  
125.00

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

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

450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jeannette Ramos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address PO Box 191875		<b>Transaction ID : SA11AI.9068</b>
City San Juan	State PR	Zip Code 00919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rafael Ramos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address HC 23 Box 6576		<b>Transaction ID : SA11AI.9746</b>
City Juncos	State PR	Zip Code 00777
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. Hector Ramos Torres</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 849		<b>Transaction ID : SA11AI.9730</b>
City Barranquitas	State PR	Zip Code 00794
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carlos Remedios Carbone</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 200 PMB 140		<b>Transaction ID : SA11AI.7975</b>
City Ponce State PR Zip Code 00715-0715	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Erasmo Reyes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address Suite 1400 Ave. Ponce de Leon		<b>Transaction ID : SA11AI.7934</b>
City San Juan State PR Zip Code 00918	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mayra Rios de Alcaraz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address 23 Betances		<b>Transaction ID : SA11AI.8059</b>
City Aguadilla State PR Zip Code 00603	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nine West Eyewear	Occupation Manager	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City Guaynabo	State PR	Zip Code 00968
------------------	-------------	-------------------

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11A1.9031**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 27 Gonzalez Giusti Ave. Suite 300

City Guaynabo	State PR	Zip Code 00968
------------------	-------------	-------------------

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11A1.8968**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. Baldrich  
Manuel Rossi St.

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11A1.7614**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 305
	<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)  
**Ana C. Rius Armendariz**

Mailing Address Urb. Santa Clara  
Roble Blanco St. F-11

City Guaynabo State PR Zip Code 00969

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **723.01**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.7718**

Amount of Each Receipt this Period  
**379.01**

In-kind - Fundraising expenses Meals

**B.** Full Name (Last, First, Middle Initial)  
**Ana C. Rius Armendariz**

Mailing Address Urb. Santa Clara  
Roble Blanco St. F-11

City Guaynabo State PR Zip Code 00969

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **344.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.7719**

Amount of Each Receipt this Period  
**294.00**

In-kind - Fundraising expenses rentals

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

Mailing Address Costa Verde #37  
Palmas del Mar

City Humacao State PR Zip Code 00791

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11AI.8553**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1673.01**

**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 101 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Nestor Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address PO Box 360994		<b>Transaction ID : SA11AI.8303</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer ESI	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Felix M. Rivera Borges</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 24 / 2012
Mailing Address PO Box 3181		<b>Transaction ID : SA11AI.8069</b>
City Mayaguez	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jaime Rivera Cartajena</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 787		<b>Transaction ID : SA11AI.9712</b>
City Barranquitas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Juan R. Rivera Font</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012
Mailing Address Sabanera Dorado Camino de la Cana #133		<b>Transaction ID : SA11AI.8918</b>
City Dorado	State PR	Zip Code 00646
FEC ID number of contributing federal political committee.	C	
Name of Employer Ferraiuoli LLC	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	
		Amount of Each Receipt this Period 200.00

Full Name (Last, First, Middle Initial) <b>B. Roxana Rivera Gierbolini</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address Urb. Las Veredas 658 Camino de los Jazmines		<b>Transaction ID : SA11AI.10897</b>
City Gurabo	State PR	Zip Code 00778
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) <b>C. Luis Rivera Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2012
Mailing Address Los Arboles Boulevard 438		<b>Transaction ID : SA11AI.10910</b>
City San Juan	State PR	Zip Code 00926
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A =N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10897

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule: SA11AI

Transaction ID: SA11AI.10910

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

**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 104 OF 305
	<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)  
**Mae Rivera Janer**

Mailing Address 554 Perseo St. Apt 1101

City San Juan State PR Zip Code 00920

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

Name of Employer unemployed Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : SA11AI.7883**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address P.O. Box 1080

City Mayaguez State PR Zip Code 00681

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

Name of Employer Self-Employed Occupation Certified Public Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11AI.8065**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address Palmas del Mar 11 Ridge Top Dr.

City Humacao State PR Zip Code 00791-6059

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

Name of Employer HimaHealth Puerto Rico Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11AI.7932**

Amount of Each Receipt this Period  
**500.00**

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

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

**1075.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 305	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

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

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

Mailing Address **Palmas del Mar 11 Ridge Top Dr.**

City <b>Humacao</b>	State <b>PR</b>	Zip Code <b>00791-6059</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>HimaHealth Puerto Rico</b>	Occupation <b>CEO</b>
---	--------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		05		2012

**Transaction ID : SA11AI.7839**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **Palmas del Mar 11 Ridge Top Dr.**

City <b>Humacao</b>	State <b>PR</b>	Zip Code <b>00791-6059</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>HimaHealth Puerto Rico</b>	Occupation <b>CEO</b>
---	--------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		16		2012

**Transaction ID : SA11AI.8910**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **Dorado Beach Estates  
Lote 14**

City <b>Dorado</b>	State <b>PR</b>	Zip Code <b>00646</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>Self-Employed</b>	Occupation <b>Retailer</b>
--	-------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2012

**Transaction ID : SA11AI.8571**

Amount of Each Receipt this Period  
**500.00**

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

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

**1700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Magda Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012
Mailing Address Apartado 1175		<b>Transaction ID : SA11AI.8056</b>
City Lajas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Certified Public Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Wallace Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012
Mailing Address 650 Munox Rivera Ave. Suite 502		<b>Transaction ID : SA11AI.9107</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parissi PSC	Occupation Authorized Public Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Luis Rodriguez Carrasquillo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 3762		<b>Transaction ID : SA11AI.8538</b>
City Carolina	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Policlinica	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 305
	<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 Rodriguez Lodeiro**

Mailing Address A-10 Pero Pedroza St.  
Garden Hills North

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
Lopito, Ileana & Howie President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9026**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 14 Barcelo St.

City State Zip Code  
Barranquitas PR 00794

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

Name of Employer Occupation  
Farmacia Pedraza Pharmacist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.9700**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address HC 2 Box 13433

City State Zip Code  
Humacao PR 00792

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

Name of Employer Occupation  
University of Puerto Rico Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.7933**

Amount of Each Receipt this Period  
400.00

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Freddie H. Roman Aviles</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 26 / 2012	
Mailing Address 14 Peral St. N suite 1-E		<b>Transaction ID : SA11AI.8071</b>	
City Mayaguez	State PR	Zip Code 00680	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>B. Jeannette Roman Ponton</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2012	
Mailing Address Cond. Plaza del Prado 11 5 Carr. 833 Apt. 403		<b>Transaction ID : SA11AI.7566</b>	
City Guaynabo	State PR	Zip Code 00969-3001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Unemployed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1075.00		

Full Name (Last, First, Middle Initial) <b>C. Jeannette Roman Ponton</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2012	
Mailing Address Cond. Plaza del Prado 11 5 Carr. 833 Apt. 403		<b>Transaction ID : SA11AI.7889</b>	
City Guaynabo	State PR	Zip Code 00969-3001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Unemployed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Jesus Romero Perez**

Mailing Address PO Box 4129

City Mayaguez State PR Zip Code 00681-4129

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11AI.8074**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 4129

City Mayaguez State PR Zip Code 00681-4129

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : SA11AI.8814**

Amount of Each Receipt this Period  
200.00

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

Mailing Address Cond San Geronimo  
860 Ave Ashford Apt. 5B

City San Juan State PR Zip Code 00907

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

Name of Employer self employed Occupation General Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

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

**Transaction ID : SA11AI.8006**

Amount of Each Receipt this Period  
1000.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Monica Rosa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012	
Mailing Address Paseo Las Vistas 2C57		<b>Transaction ID : SA11AI.8371</b>	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00	
Name of Employer Self-Employed	Occupation Lawyer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Angel Luis Rosas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2012	
Mailing Address P.O. Box 470		<b>Transaction ID : SA11AI.8808</b>	
City Mayaguez	State PR	Zip Code 00681	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 940.00		

Full Name (Last, First, Middle Initial) <b>C. Angel Luis Rosas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2012	
Mailing Address P.O. Box 470		<b>Transaction ID : SA11AI.8045</b>	
City Mayaguez	State PR	Zip Code 00681	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1190.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carmen Rossi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012	
Mailing Address PO Box 382		<b>Transaction ID : SA11AI.7813</b>	
City Housatonic	State MA	Zip Code 01236-0382	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Unemployed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Jose E. Rossi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address Urb. Torrimar 1311 Santander		<b>Transaction ID : SA11AI.8330</b>	
City Guaynabo	State PR	Zip Code 00966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Construction Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Jose E. Rossi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012	
Mailing Address Urb. Torrimar 1311 Santander		<b>Transaction ID : SA11AI.7826</b>	
City Guaynabo	State PR	Zip Code 00966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Construction Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 305
	<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)  
**Victoria C Rossi**

Mailing Address Urb. Torrimar 1311 Santander

City State Zip Code  
Guaynabo PR 00966

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

Name of Employer Occupation  
Unemployed Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : SA11AI.7822**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Box 555

City State Zip Code  
Rio Blanco, Humacao PR 00744

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.7969**

Amount of Each Receipt this Period  
600.00

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

Mailing Address PO Box 800970

City State Zip Code  
Coto Laurel PR 00780-0970

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

Name of Employer Occupation  
Rovira Luna Group President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

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

**Transaction ID : SA11AI.8686**

Amount of Each Receipt this Period  
1250.00

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

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

2850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 305
	<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)  
**Gabriel Ruiz**

Mailing Address 1510 FD Roosevelt Ave.

City State Zip Code  
Guaynabo PR 00968

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2012

**Transaction ID : SA11AI.8943**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address Box 603

City State Zip Code  
Rio Blanco PR 00744

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

Name of Employer Occupation  
Self-Employed Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : SA11AI.8119**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address PO Box 788

City State Zip Code  
Hormigueros PR 00660

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

Name of Employer Occupation  
self employed Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : SA11AI.8044**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8943

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:

**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 115 OF 305
	<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)  
**Jaime Salas Soler**

Mailing Address **Alverio #559**

City **San Juan** State **PR** Zip Code **00918**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9062**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 41014**

City **San Juan** State **PR** Zip Code **00940**

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

Name of Employer **Fundacion Carbajal** Occupation **Executive Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11AI.9017**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **PO Box 41014**

City **San Juan** State **PR** Zip Code **00940**

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

Name of Employer **Fundacion Carbajal** Occupation **Executive Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2012**

**Transaction ID : SA11AI.8844**

Amount of Each Receipt this Period  
**100.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carlos Salazar Geigel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Cond. Les Courts 1554 Lopez Landron St. Apt. 308 City San Juan State PR Zip Code 00911		<b>Transaction ID : SA11AI.9032</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Architect	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Carlos Salazar Geigel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Cond. Les Courts 1554 Lopez Landron St. Apt. 308 City San Juan State PR Zip Code 00911		<b>Transaction ID : SA11AI.9034</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Architect	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>C. Jorge Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2012
Mailing Address 516 B Juan J. Jimenez St. City San Juan State PR Zip Code 00918		<b>Transaction ID : SA11AI.8275</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 778.72 In-kind - Fundraising Expenses-Meals
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 778.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1578.72
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 305	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

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

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

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2012**

**Transaction ID : SA11AI.8007**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **Cond La Coruna  
2023 Carr 177, Apt. 2003**

City **Guaynabo** State **PR** Zip Code **00969**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2012**

**Transaction ID : SA11AI.8295**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 366676**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3028.41**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2012**

**Transaction ID : SA11AI.9793**

Amount of Each Receipt this Period  
**393.76**  
In-kind - T-Shirts

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

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

**2393.76**

**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 118 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 8582**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11AI.8116**

Amount of Each Receipt this Period  
**600.00**

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

Mailing Address **Urb. Reina de los Angeles  
P-15 Calle 1**

City **Gurabo** State **PR** Zip Code **00694**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : SA11AI.7884**

Amount of Each Receipt this Period  
**225.00**

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

Mailing Address **Merida Street 1686 Venus Gardens**

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

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

Name of Employer **Unemployed** Occupation **Retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.8037**

Amount of Each Receipt this Period  
**100.00**

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

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

**925.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Rafael Santos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012
Mailing Address PO Box 215		<b>Transaction ID : SA11AI.9740</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Francisco Schettini Gracia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address Calle San Jorge Cond. Los Almendros Apt. #4		<b>Transaction ID : SA11AI.8305</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer ESI	Occupation Certified Public Accountant	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Carmen A. Seda Agrait</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2012
Mailing Address Dr. Basora St. # 22		<b>Transaction ID : SA11AI.8048</b>
City Mayaguez	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ramon Sepulveda Abreu</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address PO Box 8668		<b>Transaction ID : SA11AI.7985</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self-Employed	Occupation Medical Doctor-Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>B. Ramon Sepulveda Abreu</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address PO Box 8668		<b>Transaction ID : SA11AI.7988</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Self-Employed	Occupation Medical Doctor-Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Ramon Sepulveda Abreu</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012
Mailing Address PO Box 8668		<b>Transaction ID : SA11AI.7977</b>
City Humacao	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self-Employed	Occupation Medical Doctor-Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Fabian Serrano Guzman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2012	
Mailing Address C/K #16 Jardines de Arecibo		<b>Transaction ID : SA11AI.9045</b>	
City Arecibo	State PR	Zip Code 00612	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Departamento de Hacienda	Occupation Public Servant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Pedro Soldevila</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address La Garita D-18 Paseo San Juan		<b>Transaction ID : SA11AI.9833</b>	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Eliel Ortho Medical Corp.	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Juan Somoza Martinez</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2012	
Mailing Address Bo. Algarrobo Km 1 Hm 4 Carr. 104		<b>Transaction ID : SA11AI.8573</b>	
City Mayaguez	State PR	Zip Code 00682	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer National Development Corp.	Occupation President		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose Sosa Llorens</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address Box 363507		<b>Transaction ID : SA11AI.9077</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fiddler, Gonzalez & Rodriguez	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Miguel Sosa Padilla</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2012
Mailing Address Urb. San Francisco 200 Violeta St.		<b>Transaction ID : SA11AI.8284</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Carlos Souffront</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address PO Box 195115		<b>Transaction ID : SA11AI.8328</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Oriental Group	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Roberto Suarez Sein**

Mailing Address **Bolivia Street 33, 5th Floor**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 14 / 2012**

**Transaction ID : SA11AI.7571**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **Palacio Imperial  
1310 Francos St.**

City **Toa Alta** State **PR** Zip Code **00953**

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

Name of Employer **Department of Transportation** Occupation **Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11AI.8441**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address **20th St.  
Villa de San Agustin**

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

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

Name of Employer **Government of Puerto Rico** Occupation **Public Servant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2012**

**Transaction ID : SA11AI.8426**

Amount of Each Receipt this Period  
**500.00**

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

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

**1540.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jorge Toledo Colon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address PO Box 915		<b>Transaction ID : SA11AI.8379</b>
City Dorado	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cerraduras Toledo	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Conchita Toro Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address PO Box 4207		<b>Transaction ID : SA11AI.8051</b>
City Mayaguez	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Catholic University-Law School	Occupation Attorney-Professor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Camille Toro Torruella</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 13 / 2012
Mailing Address PO Box 40653		<b>Transaction ID : SA11AI.9022</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Strategies for Evolution Inc.	Occupation Director	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Luis C. Torrellas Ruiz**

Mailing Address Calle Dufresne 5

City Humacao State PR Zip Code 00791

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address Box 10046

City San Juan State PR Zip Code 00922

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.9056**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address HC 04 Box 5775

City Barranquitas State PR Zip Code 00794

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

Name of Employer Self-Employed Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.9736**

Amount of Each Receipt this Period  
 500.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 305
	<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)  
**Victor Torres Maldonado**

Mailing Address **HC1 Box 3757**  
**Bo. Quebrada Grande**

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

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

Name of Employer **Self-Employed** Occupation **Medical Support Services**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 18 / 2012**

**Transaction ID : SA11AI.9728**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carmen M Torres Melendez**

Mailing Address **Cond. Hato Rey Plaza**  
**200 Jesus T. Pinero Ave Apt. 19K**

City **San Juan** State **PR** Zip Code **00918-4151**

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

Name of Employer **Department of the Family** Occupation **Executive Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11AI.8524**

Amount of Each Receipt this Period  
**175.00**

In-kind - Fundraising Expenses-Meals

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

Mailing Address **Urb. Vega Linda**  
**Tomas Torres St #20**

City **Jayuya** State **PR** Zip Code **00664**

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

Name of Employer **Jayuya Municipal Assembly** Occupation **President**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**348.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2012**

**Transaction ID : SA11AI.9647**

Amount of Each Receipt this Period  
**248.26**

In-kind - Fundraising Expenses-Meals and Beverages

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

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

**923.26**

**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 127 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ricardo Torres Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2012
Mailing Address P.O. Box 681		<b>Transaction ID : SA11AI.7650</b>
City Comerio	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Carmelina Valentin Alicea</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Urb. El Remanso A-6 Arroyo St.		<b>Transaction ID : SA11AI.7849</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-employed	Occupation Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575.00	

Full Name (Last, First, Middle Initial) <b>C. Carmelina Valentin Alicea</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address Urb. El Remanso A-6 Arroyo St.		<b>Transaction ID : SA11AI.7850</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7650

When receiving a contribution, Fundraising Coordinators must provide Form-003 to the contributor. Form establishes that this candidacy is a federal campaign subject to compliance with the FECA and regulations of the FEC and the law requires us to register the personal information of our contributors. Form-003 requires: Name, Mailing Address, Phone Number, ID Number, if the person is US citizen or legal resident (Gren Card), occupation, employer, if self-employed, the name of the company, date and email. The staffer must revise the forms and complete a report for compliance staff within 24 hours after the contribution. Compliance staff must revise the report and return it to the Fundraising Coordinator with the findings on 24 hours. The fundraising staffer must correct the report by contacting the contributor by email, phone or mail asking for the missing information on 24 hours. If staffer is unable to contact the contributor, must contact the fundraising organizer and ask for other contact info of the contributor. The fundraising coordinator must make a second effort to contact the contributor by email, phone or mail and report the information within 7 days. Compliance division and fundraising division must have follow-up sessions weekly to review the missing information status. Cox Alomar 2012, Inc. continues the efforts to complete the contributor's missing information.

Form/Schedule:

Transaction ID:



**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 129 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Maritza Vales Ufret</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2012
Mailing Address Urb. Paseo Real Calle A # B-3		<b>Transaction ID : SA11AI.8004</b>
City San Juan	State PR	
Zip Code 00926	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer unemployed	Occupation Homemaker	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>B. Jose M Varela Fernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012
Mailing Address P.O. Box 373301		<b>Transaction ID : SA11AI.8915</b>
City Cayey	State PR	
Zip Code 00737	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation Attorney	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. Juan A. Vazquez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address Box 9090		<b>Transaction ID : SA11AI.8112</b>
City Caguas	State PR	
Zip Code 00726	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Certified Public Accountant	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gladys Vazquez De Nieves**

Mailing Address Urb. Milaville Pina St. # 183

City San Juan State PR Zip Code 00926

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1125.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.7711**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address Urb. Sierra del Rio  
BZ 82 300 La Sierra Ave.

City San Juan State PR Zip Code 00928

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11AI.9018**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address Barrio Barrancas  
Parcelas Vie Carr 771 km 5.6

City Barranquitas State PR Zip Code 00794

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

Name of Employer Retired Occupation Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.9734**

Amount of Each Receipt this Period  
**500.00**

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

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

**950.00**

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

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

FOR LINE NUMBER: PAGE 131 OF 305  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Juan J. Velazquez Villares**

Mailing Address **PO Box 734**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2012**

**Transaction ID : SA11A1.9768**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **EI Remanso**  
**Arroyo St. A-11**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2012**

**Transaction ID : SA11A1.8962**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **Urb. Baldrich**  
**211 Agustin Stahl St.**

City **San Juan** State **PR** Zip Code **00918**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : SA11A1.7618**

Amount of Each Receipt this Period  
**125.00**

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

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

**625.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Juan M. Vidal</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address Urb. Baldrich 211 Agustin Stahl St. City San Juan State PR Zip Code 00918		<b>Transaction ID : SA11AI.8924</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) <b>B. Enrique Vila del Corral</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address PO Box 11363 City San Juan State PR Zip Code 00922-1363		<b>Transaction ID : SA11AI.8289</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Vila del Corral and Company	Occupation Vice President - CPA	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Enrique Vila del Corral</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address PO Box 11363 City San Juan State PR Zip Code 00922-1363		<b>Transaction ID : SA11AI.8288</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Vila del Corral and Company	Occupation Vice President - CPA	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jose A. Vilella Cassanova</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2012	
Mailing Address 576 Ave. Cesar Gonzalez		<b>Transaction ID : SA11AI.8925</b>	
City San Juan	State PR	Zip Code 00918	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Retailer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>B. Pierre Vivoni</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2012	
Mailing Address PO Box 1365		<b>Transaction ID : SA11AI.8349</b>	
City Caguas	State PR	Zip Code 00726	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Pedro Vivoni Alcaraz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2012	
Mailing Address Box 360393		<b>Transaction ID : SA11AI.7961</b>	
City San Juan	State PR	Zip Code 00936-0393	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer Agroservicios, Inc.	Occupation Agronomist		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Martin Wah Reyes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2012
Mailing Address PO Box 817		<b>Transaction ID : SA11AI.9706</b>
City Barranquitas	State PR	Zip Code 00794
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer AEE	Occupation Engineer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Weiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
Mailing Address 5343 32nd St.NW		<b>Transaction ID : SA11AI.8578</b>
City Washington	State DC	Zip Code 20015-1359
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Prime Policy Group	Occupation Director	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Magdalena Zalduondo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012
Mailing Address Urb. Suchville 10 Principal St.		<b>Transaction ID : SA11AI.8722</b>
City Guaynabo	State PR	Zip Code 00966
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Unemployed	Occupation Housewife	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 305
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carmen Zorrilla</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address 592 Cesar Gonzalez Apt. 1312		Transaction ID : SA11AI.7599
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Frank Zorrilla</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address P.O. Box 191783		Transaction ID : SA11AI.8565
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Frank Zorrilla Law Office	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Zorrilla</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012
Mailing Address P.O. Box 191783		Transaction ID : SA11AI.7679
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Frank Zorrilla Law Office	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 136 OF 305  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Frank Zorrilla**

Mailing Address P.O. Box 191783

City San Juan State PR Zip Code 00919-1783

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

Name of Employer Frank Zorrilla Law Office Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11Al.9049**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**250.00**

**194066.41**



**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 137 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Carmen E. Acevedo Betancourt</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address Urb. Roosevelt Canals St. #451		Amount of Each Disbursement this Period 1302.00 <b>Transaction ID : SB17.10947</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Action Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period 85.60 <b>Transaction ID : SB17.9393</b>
City Santurce State PR Zip Code 00911	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Action Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period 26.75 <b>Transaction ID : SB17.9472</b>
City Santurce State PR Zip Code 00911	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1414.35
<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 138 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Blanca Agrait Llado</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address Urb. Baldrich 202 Tous Soto St.		Amount of Each Disbursement this Period 263.22
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement In-kind - Fundraising Expense-Meals and Beverages	Transaction ID : SB17.7583
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blanca Agrait Llado</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address Urb. Baldrich 202 Tous Soto St.		Amount of Each Disbursement this Period 1400.00
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Transaction ID : SB17.9668
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eugenio M. Alonso</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address Urb. Baldrich 202 Tous Soto St.		Amount of Each Disbursement this Period 1000.00
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement In-kind - Fundraising Meals	Transaction ID : SB17.7579
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2663.22
<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 139 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Eugenio M. Alonso</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2012
Mailing Address Urb. Baldrich 202 Tous Soto St.		Amount of Each Disbursement this Period 321.48 <b>Transaction ID : SB17.9666</b>
City San Juan	State PR Zip Code 00918	
Purpose of Disbursement In-kind - Fundraising Expenses-Beverages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Eiton Arroyo Muniz</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2012
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1017.90 <b>Transaction ID : SB17.8750</b>
City Anasco	State PR Zip Code 00610	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals and Beverages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Audio Visual Consultants Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2012
Mailing Address PO Box 5999		Amount of Each Disbursement this Period 3550.00 <b>Transaction ID : SB17.10970</b>
City Caguas	State PR Zip Code 00726	
Purpose of Disbursement TV, Audio and Lights rentals for the Popular Democratic Party Convention Events		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4889.38
<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 140 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 3008.00 <b>Transaction ID : SB17.9408</b>
City San Juan State PR Zip Code 00936-2708	Purpose of Disbursement Deposit-VISA Travel Card and bank fee for the transaction 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 2990.00 <b>Transaction ID : SB17.9383</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Transportation Services-Helicopter transportation services 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Benitez Aviation Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012
Mailing Address Cond. Galeria I Suite 305 201 Arterial Hostos, Hato Rey		Amount of Each Disbursement this Period 2080.00 <b>Transaction ID : SB17.9629</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Transportation Services-Helicopter transportation services 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8078.00
<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 141 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Cafe Valencia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1000 Munoz Rivera Ave.		Amount of Each Disbursement this Period 325.28
City Rio Piedras	State PR	
Zip Code 00927	Purpose of Disbursement Meals	<b>Transaction ID : SB17.9602</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Caguas Expressway Motors</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address P.O Box 50045		Amount of Each Disbursement this Period 4950.00
City San Juan	State PR	
Zip Code 00902	Purpose of Disbursement Campaing Vehicles Rental	<b>Transaction ID : SB17.9451</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expense for campaign activity	<b>Transaction ID : SB17.9562</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5375.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9562

Meals expense for campaign activity, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 143 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9563</b>
City Loiza	State PR	
Purpose of Disbursement Gas expense for campaign vehicles		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9564</b>
City Loiza	State PR	
Purpose of Disbursement Gas expense for campaign vehicles		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.9565</b>
City Loiza	State PR	
Purpose of Disbursement Toll expenses		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

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

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

Form/Schedule: SB17

Transaction ID : SB17.9563

Gas expense for campaign vehicles, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9564

Gas expense for campaign vehicles, no disbursement of \$200 aggregated to the original vendor.



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

Form/Schedule: SB17

Transaction ID : SB17.9565

Meals expense for campaign activity, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 146 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 118.82
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement of meals and gas expenses for campaign activity	<b>Transaction ID : SB17.9336</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expenses for campaign activity	<b>Transaction ID : SB17.9339</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 100.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals expenses for campaign activity on july 7	<b>Transaction ID : SB17.9340</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	318.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9336

Reimbursement of meals and gas expenses for campaign activity, no disbursements of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9339

Meals expenses for campaign activity, no disbursements of \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9340

Meals expenses for campaign activity, no disbursements of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 149 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 90.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gas expenses for campaign vehicles	<b>Transaction ID : SB17.9341</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 80.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Gas expenses for campaign vehicles	<b>Transaction ID : SB17.9342</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 880.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activities	<b>Transaction ID : SB17.9360</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9341

Gas expenses for campaign vehicles, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9342

Gas expenses for campaign vehicles, no disbursements of \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9360

Meals and gas expenses for campaign activities from 11-12 july, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 152 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 660.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9364	
Purpose of Disbursement Meals expenses for campaign activities		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 480.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9366	
Purpose of Disbursement Gas expenses for campaign vehicles		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 380.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9380	
Purpose of Disbursement Meals and gas expenses for campaign activity		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1520.00
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9364

Meals expenses for campaign activities from 13-15 july, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9366

Gas expenses for campaign activities from 13-15 july, no disbursement of \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9380

Meals and gas expenses for campaign activity on july 21, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 155 OF 305			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 380.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : <b>SB17.9381</b>	
Purpose of Disbursement Meals and gas expenses for campaign activity		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 390.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : <b>SB17.9378</b>	
Purpose of Disbursement Meals and gas expenses for campaign activity		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 500.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : <b>SB17.9370</b>	
Purpose of Disbursement Meals and gas expenses for campaign activity		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1270.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9381

Meals and gas expenses for campaign activity on July 22, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9378

Meals and gas expenses for campaign activity on Aguadilla, Puerto Rico, no disbursement of \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9370

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor: \$205.26. Wendy's 111 St. Km. 17 Bo. Guatemala San Sebastian, Puerto Rico 00685 for meals on Jul/28/2012. Others disbursements to original vendor under \$200 aggregated.

Form/Schedule:

Transaction ID:

**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 158 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9371</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.9367</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 380.00 <b>Transaction ID : SB17.9391</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1160.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`#19A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9371

Meals and gas expenses for campaign activity on July 29, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9367

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor: \$212.52 to Wendy's, 505 Roosevelt Ave. San Juan, Puerto Rico 00918, for meals on Jul/31/2012. Other disbursements under \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9391

Meals and gas expenses for campaign activity on August 1, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:



**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 161 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 430.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9399	
Purpose of Disbursement Meals and gas expenses for campaign activity		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 53.50	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9431	
Purpose of Disbursement Reimbursement of meals expenses for campaign activity		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 98.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9432	
Purpose of Disbursement Reimbursement for the purchase of campaign t-shirts		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	581.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9399

Meals and gas expenses for campaign activity on August 4, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9431

Reimbursement of meals expenses for campaign activity, no disbursements of \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9432

Reimbursement for the purchase of campaign t-shirts. Original vendor: Wave Ranch, HC 72 Box 3766 PMB 323 Naranjito, Puerto Rico 00719-9788, on 08/07/2012. Purpose: Purchase of campaign T-shirts (t-shirts with campaign logo for the use of the staff). Amount: \$98.00.

Form/Schedule:

Transaction ID:

**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 164 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 380.00 <b>Transaction ID : SB17.9429</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activity on Las Piedras	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1120.00 <b>Transaction ID : SB17.9417</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 64.09 <b>Transaction ID : SB17.9443</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement of meals expenses for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1564.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9429

Meals and gas expenses for campaign activity on Las Piedras, Puerto Rico, no disbursement of \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9417

Transportation-Gas for campaign vehicles expenses; meals for activities from 10-12 August. No disbursements over \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.9443

Reimbursement of meals expenses for campaign activity on August 15, no disbursements of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 167 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 560.00 <b>Transaction ID : SB17.9445</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Meals and gas expenses for campaign activity		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 390.00 <b>Transaction ID : SB17.9440</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Meals and gas expenses for campaign activity		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address PO Box 315			Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.9437</b>
City Loiza	State PR	Zip Code 00772	
Purpose of Disbursement Meals and gas expenses for campaign activities		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9445

Gas for campaign vehicles expenses and meals for campaign activity on August 18. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9440

Gas for campaign vehicles expenses and meals for campaign activity on August 20. No disbursements over \$200 aggregated to the original vendor.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9437

Gas for campaign vehicles and meals for campaign activities expenses from August 25-26. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 170 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 870.00 <b>Transaction ID : SB17.9435</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1410.00 <b>Transaction ID : SB17.9453</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 470.00 <b>Transaction ID : SB17.9398</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals and gas expenses for campaign activity	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9435

Gas for campaign vehicles and meals for campaign activities expenses from August 28-30. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9453

Gas for campaign vehicles and meals for campaign activities. No disbursements over \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9398

Gas for campaign vehicles and meals for campaign activities expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 173 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1520.00 <b>Transaction ID : SB17.9462</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 520.00 <b>Transaction ID : SB17.9484</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 2380.00 <b>Transaction ID : SB17.9480</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4420.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9462

Gas for campaign vehicles and meals for campaign activities from September 8-9 expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9484

Gas for campaign vehicles and meals for campaign activities on September 12 expenses. No disbursements over \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9480

Gas for campaign vehicles and meals for campaign activities from September 13-16 expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 176 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 590.00 <b>Transaction ID : SB17.9468</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses of campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 730.00 <b>Transaction ID : SB17.9469</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1460.00 <b>Transaction ID : SB17.9470</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2780.00
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9468

Gas for campaign vehicles and meals for campaign activities on September 19 expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9469

Gas for campaign vehicles and meals for campaign activities on September 21 expenses. No disbursements over \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9470

Gas for campaign vehicles and meals for campaign activities on September 22-23 expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 179 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 930.00 <b>Transaction ID : SB17.9492</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign acts on 25-27 Sept	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Luis Calderon Navarro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1460.00 <b>Transaction ID : SB17.9496</b>
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign acts on Sept 29-30	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Iris Cancio Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address Urb. Punto Oro 4541 Golondrina St.		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9588</b>
City Ponce	State PR	
Zip Code 00728	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5390.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9492

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor: \$244.84 Pizza Hut, Juana Diaz Shopping Center Carr. 149 Corner 584 St Juana Diaz, Puerto Rico, 00795 on 09/25/2012 for meals. Other disbursements to the original vendor under \$200 aggregated.

Form/Schedule: SB17

Transaction ID: SB17.9496

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor:\$288.73 to Wendy's, Plaza Cidra Mall, Cidra Puerto Rico 00739 for meals. Other disbuirgements to original vendor under \$200 aggregated.

**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 181 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Iris Cancio Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address Urb. Punto Oro 4541 Golondrina St.		Amount of Each Disbursement this Period 2500.00
City Ponce	State PR Zip Code 00728	
Purpose of Disbursement Salary	Category/Type 001	<b>Transaction ID : SB17.9580</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Francisco Cebollero</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address P.O. Box 3146		Amount of Each Disbursement this Period 986.78
City Mayaguez	State PR Zip Code 00681-3146	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Category/Type	<b>Transaction ID : SB17.9670</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Center Tech Comm. Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address PO Box 1253		Amount of Each Disbursement this Period 1412.40
City Cidra	State PR Zip Code 00739	
Purpose of Disbursement Purchase of two-way radios for communication of the team on campaing events	Category/Type 007	<b>Transaction ID : SB17.9418</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4899.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Center Tech Comm. Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address PO Box 1253		Amount of Each Disbursement this Period 470.80 <b>Transaction ID : SB17.9485</b>
City Cidra	State PR	
Zip Code 00739	Purpose of Disbursement Purchase of two-way radios for communication of the team on campaign events	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.9387</b>
City Guaynabo	State PR	
Zip Code 00968	Purpose of Disbursement Advertising Expenses	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.9388</b>
City Guaynabo	State PR	
Zip Code 00968	Purpose of Disbursement Advertising Expenses	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1220.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 2160.00
City Guaynabo	State PR Zip Code 00968	
Purpose of Disbursement Advertising Expenses-Website Services	Category/Type 004	<b>Transaction ID : SB17.9389</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 300.00
City Guaynabo	State PR Zip Code 00968	
Purpose of Disbursement Advertising-Facebook Ads	Category/Type 004	<b>Transaction ID : SB17.9420</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 1500.00
City Guaynabo	State PR Zip Code 00968	
Purpose of Disbursement Advertising Consulting Services	Category/Type 004	<b>Transaction ID : SB17.9428</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3960.00
<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 184 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.9439</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Advertising-Radio Spots 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9464</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Foamboards 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 20025.00 <b>Transaction ID : SB17.9463</b>
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Advertising-TV and Radio Spots 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21075.00
<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 185 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Central 12</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.9494</b>
City Guaynabo	State PR Zip Code 00968	
Purpose of Disbursement Advertising-Facebook Ads	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chez Daniel French Rest.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2012
Mailing Address Anchors Villaga Marina Palmas del Mar Resort		Amount of Each Disbursement this Period 3082.94 <b>Transaction ID : SB17.8359</b>
City Humacao	State PR Zip Code 00791	
Purpose of Disbursement Fundraising Expenses-Meals	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chez Daniel French Restautant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address Anchors Villaga Marina Palmas del Mar Resort		Amount of Each Disbursement this Period 3082.94 <b>Transaction ID : SB17.9414</b>
City Humacao	State PR Zip Code 00791	
Purpose of Disbursement Fundraising Expense-Meals	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7265.88
<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 186 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Iris Christianson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address Urb. Bucare #11 Diamante St.		Amount of Each Disbursement this Period 209.55 <b>Transaction ID : SB17.9663</b>
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Claro PRT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 70366		Amount of Each Disbursement this Period 432.94 <b>Transaction ID : SB17.9356</b>
City San Juan	State PR Zip Code 00936-8366	
Purpose of Disbursement Communication Services		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Claro PRT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address PO Box 70366		Amount of Each Disbursement this Period 416.97 <b>Transaction ID : SB17.9433</b>
City San Juan	State PR Zip Code 00936-8366	
Purpose of Disbursement Communications Services		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1059.46
<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 187 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Colegio de Agronomos de PR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address PO Box 360005		Amount of Each Disbursement this Period 1284.00 <b>Transaction ID : SB17.9634</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Fundraising Expenses-Rental	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Colonial Insurance Agency</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 1101 Munoz Rivera Ave.		Amount of Each Disbursement this Period 1566.00 <b>Transaction ID : SB17.9609</b>
City Rio Piedras	State PR	
Zip Code 00925	Purpose of Disbursement Campaign Vehicles Insurance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Compania de Teatros Coribantes, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address Box 22998		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.10966</b>
City San Juan	State PR	
Zip Code 00931	Purpose of Disbursement Artistic Services on the Popular Democratic Party Convention	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5350.00
<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 188 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Compania de Teatros Coribantes, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address Box 22998		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.10968</b>
City San Juan	State PR Zip Code 00931	
Purpose of Disbursement Artistic Services on the Popular Democratic Party Convention	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Compu-Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 2679 Boulevard Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9612</b>
City Levittown	State PR Zip Code 00949	
Purpose of Disbursement Car Labeling	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Compu-Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2012
Mailing Address 2679 Boulevard Ave.		Amount of Each Disbursement this Period 1391.00 <b>Transaction ID : SB17.9584</b>
City Levittown	State PR Zip Code 00949	
Purpose of Disbursement Car Labeling	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4491.00
<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 189 OF 305	
	<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. Compu-Signs**

Mailing Address 2679 Boulevard Ave.

City Levittown State PR Zip Code 00949

Purpose of Disbursement Car Labeling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2012

Amount of Each Disbursement this Period: 1712.00

Transaction ID : SB17.9606

Category/Type: 007

Full Name (Last, First, Middle Initial)

**B. Compu-Signs**

Mailing Address 2679 Boulevard Ave.

City Levittown State PR Zip Code 00949

Purpose of Disbursement Car Labeling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2012

Amount of Each Disbursement this Period: 70.00

Transaction ID : SB17.9599

Category/Type: 006

Full Name (Last, First, Middle Initial)

**C. Compu-Signs**

Mailing Address 2679 Boulevard Ave.

City Levittown State PR Zip Code 00949

Purpose of Disbursement Car Labeling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 07 / 2012

Amount of Each Disbursement this Period: 1070.00

Transaction ID : SB17.9600

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional) ..... 2852.00

**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 190 OF 305	
	<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. Compu-Signs**

Mailing Address 2679 Boulevard Ave.

City Levittown State PR Zip Code 00949

Purpose of Disbursement Car Labeling  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 12 / 2012

Amount of Each Disbursement this Period: 1872.50

Transaction ID : SB17.9624

Full Name (Last, First, Middle Initial)  
**B. Compu-Signs**

Mailing Address 2679 Boulevard Ave.

City Levittown State PR Zip Code 00949

Purpose of Disbursement Car Labeling  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 12 / 2012

Amount of Each Disbursement this Period: 1872.50

Transaction ID : SB17.9626

Full Name (Last, First, Middle Initial)  
**c. Jose Cruz**

Mailing Address PO Box 443

City Juncos State PR Zip Code 00777

Purpose of Disbursement Salary  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 06 / 2012

Amount of Each Disbursement this Period: 1860.00

Transaction ID : SB17.10964

**SUBTOTAL** of Disbursements This Page (optional) ..... 5605.00

**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 191 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Jose Cruz</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9403</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jose Cruz</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.9787</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Transportation and meals expenses-DNC Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Jose Cruz</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9479</b>
City Juncos	State PR	
Zip Code 00777	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4420.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9787

Advance for expenses of food and transportation on Democrat National Convention. Mr. Cruz was assisting Mr. Cox Alomar on meetings, advising on political and media issues. Mr. Cox was delegate. The advance was determined by multiplying the days of stay working at the DNC by an estimated of expenses of \$100. The staffer had to document all transactions. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:



**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 193 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ivelisse De Jesus</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012	
Mailing Address PO Box 367921			Amount of Each Disbursement this Period 500.00	
City San Juan	State PR	Zip Code 00936-7921	Transaction ID : SB17.9444	
Purpose of Disbursement Gas and meals expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ivelisse De Jesus</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012	
Mailing Address PO Box 367921			Amount of Each Disbursement this Period 500.00	
City San Juan	State PR	Zip Code 00936-7921	Transaction ID : SB17.9455	
Purpose of Disbursement Gas and meals expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Ivelisse De Jesus</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012	
Mailing Address PO Box 367921			Amount of Each Disbursement this Period 500.00	
City San Juan	State PR	Zip Code 00936-7921	Transaction ID : SB17.9477	
Purpose of Disbursement Gas and meals expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.9444**

Monthly reimbursement of meals and gas expenses made by Mrs. De Jesus for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule: **SB17**

Transaction ID: **SB17.9455**

Monthly reimbursement of meals and gas expenses made by Mrs. De Jesus for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9477

Monthly reimbursement of meals and gas expenses made by Mrs. De Jesus for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule:

Transaction ID:

**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 196 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. El Deportivo Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address HC 43 Box 11297		Amount of Each Disbursement this Period 550.90
City Cayey	State PR	
Zip Code 00736	Purpose of Disbursement Fundraising Expenses-Rental	<b>Transaction ID : SB17.9613</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Epiko Magazine Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 215 Lake Biscayne Way		Amount of Each Disbursement this Period 600.00
City Orlando	State FL	
Zip Code 32824	Purpose of Disbursement Advertising-Newspaper/Magazine	<b>Transaction ID : SB17.9604</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Toti Figueroa</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address Apartado 3744 Marina Station		Amount of Each Disbursement this Period 312.00
City Mayaguez	State PR	
Zip Code 00681	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.9589</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1462.90
<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 197 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Toti Figueroa</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address Apartado 3744 Marina Station		Amount of Each Disbursement this Period 312.00 <b>Transaction ID : SB17.9582</b>
City Mayaguez	State PR Zip Code 00681	
Purpose of Disbursement Advertising	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nereida Figueroa Maldonado</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Plaza del Parque Apt. 243		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.8527</b>
City Trujillo Alto	State PR Zip Code 00976	
Purpose of Disbursement In-kind - Fundraising Expenses-Music	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Manuel Franco</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address Apartado 405		Amount of Each Disbursement this Period 255.59 <b>Transaction ID : SB17.8156</b>
City Santa Isabel	State PR Zip Code 00757	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	967.59
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.10951</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9607</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Carl Gibbs Acosta</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9449</b>
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5580.00
<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 199 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Maritza Gonzalez Seijo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address Urb. Bucare 13 Diamante St.		Amount of Each Disbursement this Period 350.91 <b>Transaction ID : SB17.9664</b>
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement In-kind - Fundraising Expenses-Music-Rentals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9572</b>
City Hato Rey	State PR Zip Code 00917	
Purpose of Disbursement Car Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.9571</b>
City Hato Rey	State PR Zip Code 00917	
Purpose of Disbursement Car Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1250.91
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9572

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the one activity car rental.

Form/Schedule: SB17

Transaction ID: SB17.9571

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the two activities car rental.



**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 201 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.9570</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9569</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.9568</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9570

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the three activities car rental.

Form/Schedule: SB17

Transaction ID: SB17.9569

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the one activity car rental.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9568

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the two activities car rental.

Form/Schedule:

Transaction ID:

**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 204 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.9576</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.9574</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Richard Guzman Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.9566</b>
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Car Rental Candidate Name Category/Type 007	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9576

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the two activities car rental.

Form/Schedule: SB17

Transaction ID: SB17.9574

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the four activities car rental.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9566

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the seven activities car rental.

Form/Schedule:

Transaction ID:

**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 207 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Miguel Hernandez Agosto</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 4650.00 <b>Transaction ID : SB17.10972</b>
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Miguel Hernandez Agosto</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 4755.00 <b>Transaction ID : SB17.9430</b>
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Miguel Hernandez Agosto</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 4650.00 <b>Transaction ID : SB17.9483</b>
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14055.00
<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 208 OF 305	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Boris Jaskille</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 225 Tulip St. Urb. Court Yard #9		Amount of Each Disbursement this Period 321.93
City San Juan	State PR	
Zip Code 00926	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Transaction ID : SB17.8390
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gabriel Laborde</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2012
Mailing Address Urb. Rio Piedras Heights Tinto Street 1679		Amount of Each Disbursement this Period 374.00
City San Juan	State PR	
Zip Code 00926	Purpose of Disbursement Reimbursement-Transportation expenses	Transaction ID : SB17.9459
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gabriel Laborde</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address Urb. Rio Piedras Heights Tinto Street 1679		Amount of Each Disbursement this Period 20.00
City San Juan	State PR	
Zip Code 00926	Purpose of Disbursement Reimbursement-Meals	Transaction ID : SB17.9415
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	715.93
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9459

Reimbursement of expenses made for food and transportation on Democrat National Convention. Mr. Laborde was assisting Mr. Cox Alomar on meetings and advising on political issues. Mr. Cox was delegate. Payment to original vendor: Enterprise, 424 Air Ramp Road, Charlotte, NC 28214. Made on sept-1-2012. Total of original disbursement: \$374.00. Purpose: Transportation for the staff and candidate, car rental.

Form/Schedule: SB17

Transaction ID: SB17.9415

Disbursements under \$200 aggregated to the original vendor.

**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 210 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Gabriel Laborde</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address Urb. Rio Piedras Heights Tinto Street 1679		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9785</b>
City San Juan	State PR Zip Code 00926	
Purpose of Disbursement Transportation and meals expenses	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.9335</b>
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Meals and gas expenses for campaign activity on July 3	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.10955</b>
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3145.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SB17

Transaction ID : SB17.9785

Advance for expenses of food and transportation on Democrat National Convention. Mr. Laborde was assisting Mr. Cox Alomar on meetings, advising on political issues. Mr. Cox was delegate. The advance was determined by multiplying the days of stay working at the DNC by an estimated of expenses of \$100. The staffer had to document all transactions. No disbursements over \$200 aggregated to one original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9335

Meals for Field Operations Team on campaign activity and gas for campaign vehicles expenses. Disbursements under \$200 aggregated to the original vendor.

**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 212 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 300.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9357	
Purpose of Disbursement Petty Cash		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 497.74	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9375	
Purpose of Disbursement Meals and gas expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 40.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9543	
Purpose of Disbursement Mailing Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	837.74
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.9357**

Petty cash for office materials, water, bags, paper and pens. Disbursements under \$100 on cash and under \$200 aggregated to the original vendor.

Form/Schedule: **SB17**

Transaction ID: **SB17.9375**

Reimbursement of meal and gas expenses made by Mr. Lamboy on campaign duties such as, attending to meetings and fundraising activities. Disbursements over \$200 aggregated: Original vendor: Shell Baldrich, Coll y Toste St. Hato Rey, Puerto Rico 00918 Amount: \$27.99 made on 03/11/2012, \$20.99 on 03/27/2012, 23.36 on 04/02/2012 and \$22.25 on 04/24/2012. Purpose: Gas and meals expenses. Other disbursements under \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9543

Disbursements under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 215 OF 305	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9392</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 604.67 <b>Transaction ID : SB17.9405</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Meals and gas expenses Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.9545</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Meals Expenses Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2979.67
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9405

Reimbursement of meal and gas expenses made by Mr. Lamboy on campaign duties such as, attending to meetings and fundraising activities. Disbursements over \$200 aggregated: Original vendor: Shell Baldrich, Coll y Toste St. Hato Rey, Puerto Rico 00918 Amount: \$25.50 made on 06/12/2012 and \$15.39 on 08/05/2012. Purpose: Gas and meals expenses. Other disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9545

Meals expenses on campaign meeting. Disbursements under \$200 aggregated to the original vendor.



**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 217 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 40.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9552	
Purpose of Disbursement Gas Expense		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 60.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9551	
Purpose of Disbursement Gas Expense		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 20.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9550	
Purpose of Disbursement Gas Expense		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9552

Gas expenses on campaign activity. Disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9551

Gas expenses on campaign activity. Disbursements under \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9550

Gas expenses on campaign activity. Disbursements under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 220 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9448</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.9542</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Meals expenses 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Javier J Lamboy Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 478.40 <b>Transaction ID : SB17.9482</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Meals and gas expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2863.40
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9542

Meals expenses made on campaign meeting. Disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9482

Reimbursement of meal and gas expenses made by Mr. Lamboy on campaign duties such as, attending to meetings and fundraising activities. Disbursements over \$200 aggregated: Original vendor: Shell Baldrich, Coll y Toste St. Hato Rey, Puerto Rico 00918 Amount: \$23.00 Made on 08/16/2012 and \$27.41 on 08/24/2012. Purpose: Gas and meals expenses. Other disbursements under \$200 aggregated to the original vendor

**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 222 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 96.30	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9554	
Purpose of Disbursement Office Materials-WiFi		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Javier J Lamboy Hernandez</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 11.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9555	
Purpose of Disbursement Office Materials		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. LMV Specialties</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012	
Mailing Address PO Box 13868			Amount of Each Disbursement this Period 6540.00	
City San Juan	State PR	Zip Code 00908	Transaction ID : SB17.9374	
Purpose of Disbursement Promotional Items-Advertising-Shirts, pens and cups		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6647.30
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.9554**

Original vendor: Best Buy-Hato Rey, 230 Federico Costa St. Hato Rey, San Juan, Puerto Rico 00918. Amount: \$96.30 on 09/14/2012. Purpose: wi-fi cards for campaign computers.

Form/Schedule: **SB17**

Transaction ID: **SB17.9555**

Office water supplies. Disbursements under \$200 aggregated to the original vendor.

**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 224 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. LMV Specialties</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address PO Box 13868		Amount of Each Disbursement this Period 580.00 <b>Transaction ID : SB17.9601</b>
City San Juan	State PR	
Zip Code 00908	Purpose of Disbursement Promotional Items-T-Shirts	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. LMV Specialties</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address PO Box 13868		Amount of Each Disbursement this Period 1251.85 <b>Transaction ID : SB17.9592</b>
City San Juan	State PR	
Zip Code 00908	Purpose of Disbursement Promotional Items-Cups	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Lydias Restaurant</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address Urb. Ls Caobos		Amount of Each Disbursement this Period 1643.25 <b>Transaction ID : SB17.10943</b>
City Ponce	State PR	
Zip Code 00717	Purpose of Disbursement Fundraising expenses-Meals	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3475.10
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Carlos Malaret</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address X-16 Pino St. Urb. Santa Clara		Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB17.7584</b>
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement Fundraising expense-Music	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lilliam Maldonado</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address PO Box 8086 Urb. Las Veredas		Amount of Each Disbursement this Period 1918.70 <b>Transaction ID : SB17.9638</b>
City Caguas	State PR Zip Code 00726	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carlos Martinez Rodriguez</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address Urb. San Antonio Daniela St. 2328		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9675</b>
City Ponce	State PR Zip Code 00728	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals and Music	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3243.70
<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 226 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ada Miranda Velazquez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address 243 Paris St. PMB 1277			Amount of Each Disbursement this Period 503.75	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9645	
Purpose of Disbursement In-kind - Fundraising Expenses-Meals		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ada Miranda Velazquez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address 243 Paris St. PMB 1277			Amount of Each Disbursement this Period 500.00	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.9646	
Purpose of Disbursement In-kind - Fundraising Expenses-Rent		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Israel Morales Alicea</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address Terranova 4B9 St.			Amount of Each Disbursement this Period 1965.00	
City Guaynabo	State PR	Zip Code 00969	Transaction ID : SB17.9587	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2968.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Israel Morales Alicea</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012	
Mailing Address Terranova 4B9 St.			Amount of Each Disbursement this Period 1860.00	
City Guaynabo	State PR	Zip Code 00969	Transaction ID : SB17.9577	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Israel Morales Alicea</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012	
Mailing Address Terranova 4B9 St.			Amount of Each Disbursement this Period 1860.00	
City Guaynabo	State PR	Zip Code 00969	Transaction ID : SB17.9579	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Ernesto Morales Ramos</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address 2 Cond. San Francisco VLG Apt. 109			Amount of Each Disbursement this Period 2557.00	
City Carolina	State PR	Zip Code 00987-6950	Transaction ID : SB17.10959	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6277.00
<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 228 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ernesto Morales Ramos</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012	
Mailing Address 2 Cond. San Francisco VLG Apt. 109			Amount of Each Disbursement this Period .....,.....,..... 185.10	
City Carolina	State PR	Zip Code 00987-6950	Transaction ID : SB17.9390	
Purpose of Disbursement Backup Videos		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Ernesto Morales Ramos</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012	
Mailing Address 2 Cond. San Francisco VLG Apt. 109			Amount of Each Disbursement this Period .....,.....,..... 1557.50	
City Carolina	State PR	Zip Code 00987-6950	Transaction ID : SB17.10961	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Ernesto Morales Ramos</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012	
Mailing Address 2 Cond. San Francisco VLG Apt. 109			Amount of Each Disbursement this Period .....,.....,..... 2554.00	
City Carolina	State PR	Zip Code 00987-6950	Transaction ID : SB17.9446	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	.....,.....,..... 4296.60
<b>TOTAL</b> This Period (last page this line number only).....	.....,.....,.....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9390

Disbursement of \$185.10 for back-up videos. No disbursement of \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 230 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 1578.46 <b>Transaction ID : SB17.9452</b>
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Salary and reimbursement of meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9784</b>
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Transportation and meals expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ernesto Morales Ramos</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 2557.50 <b>Transaction ID : SB17.9474</b>
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4635.96
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9452

Advance of salary by \$1,416.95 for the november 1-nov 15 period and reimbursement of meals and gas expenses by \$161.51. No disbursements over \$200 Aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9784

Advance for expenses of food and transportation on Democrat National Convention. Mr. Morales was assisting Mr. Cox Alomar on meetings, advising on political issues and was involved on efforts to raise contributions. Mr. Cox was delegate. The advance was determined by multiplying the days of stay working at the DNC by an estimated of expenses of \$100. No disbursements over \$200 aggregated to the original vendor.

**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 232 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Jose Morales Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address Car. 156, Km. 43.2 Sector La Madriguera		Amount of Each Disbursement this Period 695.00 <b>Transaction ID : SB17.9650</b>
City Aguas Buenas	State PR	
Zip Code 00703	Purpose of Disbursement Fundraising Expenses-Meals and Beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andres Muniz Colon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address 232 Rey Fernando La Villa de Torrimar		Amount of Each Disbursement this Period 816.61 <b>Transaction ID : SB17.9633</b>
City Guaynabo	State PR	
Zip Code 00969	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Gilda Nadal</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address PO Box 360964		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.8428</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Fundraising expenses-Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1811.61
<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 233 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Pedro Nicot Santana</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012		
Mailing Address PO Box 360486			Amount of Each Disbursement this Period 359.00		
City San Juan	State PR	Zip Code 00936-0486	Transaction ID : SB17.8611		
Purpose of Disbursement In-kind - Fundraising Expenses-Meals		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. One Link Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012		
Mailing Address PO Box 192296			Amount of Each Disbursement this Period 628.11		
City San Juan	State PR	Zip Code 00919-2296	Transaction ID : SB17.10942		
Purpose of Disbursement Cable-TV and Internet Services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. One Link Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012		
Mailing Address PO Box 192296			Amount of Each Disbursement this Period 253.20		
City San Juan	State PR	Zip Code 00919-2296	Transaction ID : SB17.9402		
Purpose of Disbursement Cable TV and Internet Services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1240.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. One Link Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 659.94 <b>Transaction ID : SB17.9471</b>
City San Juan	State PR	
Zip Code 00919-2296	Purpose of Disbursement Internet and Cable TV Services	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Maria E Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address Cond. Floral Park 7-C #20 Betances St.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9652</b>
City San Juan	State PR	
Zip Code 00917	Purpose of Disbursement Meals and gas expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ivonne Otero Santiago</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 2045.00 <b>Transaction ID : SB17.9372</b>
City San Juan	State PR	
Zip Code 00926	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2954.94
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9652

Monthly reimbursement of meals and gas expenses made by Mrs. Ortiz for assisting on campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule:

Transaction ID:

**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 236 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 2000.00	
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9396	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012	
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 13.40	
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9795	
Purpose of Disbursement In-kind - Office Materials		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012	
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 293.31	
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9416	
Purpose of Disbursement Reimbursement-Meals for campaign activity		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2306.71
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9416

Disbursement to original vendor: Costco Wholesale, 1185 65th Infantry Ave. San Juan, Bairoa Ward, Puerto Rico 00924-3403. Purpose: Meals for campaign staff activity. Total of disbursement: \$293.31 on 08/08/2012.

Form/Schedule:

Transaction ID:

**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 238 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012		
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 50.00		
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9544		
Purpose of Disbursement Meals		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012		
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 105.96		
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9461		
Purpose of Disbursement Reimbursement-Meals and Water Supply		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Ivonne Otero Santiago</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012		
Mailing Address Calle 2 #77 Urb. Paseo Alto			Amount of Each Disbursement this Period 50.00		
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.9546		
Purpose of Disbursement Office Materials		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205.96
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9544

Disbursement under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9461

Reimbursements of meals for campaign activity and water supply for campaign office expenses. Original vendor: Costco Wholesale, 1185 65th Infantry Ave., San Juan, Bairoa Ward, Puerto Rico 00924-3403. Amount: \$59.52. Purpose: Meals for campaign activity. Other disbursements under \$200 aggregated to the original vendor.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9546

Disbursement under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:



**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 241 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ivonne Otero Santiago</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9460</b>
City San Juan State PR Zip Code 00926	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Ivonne Otero Santiago</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 58.65 <b>Transaction ID : SB17.9559</b>
City San Juan State PR Zip Code 00926	Purpose of Disbursement Office Materials Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Piscalabis Bufe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 1407		Amount of Each Disbursement this Period 345.61 <b>Transaction ID : SB17.7564</b>
City Dorado State PR Zip Code 00646	Purpose of Disbursement Fundraising Expense- Meals Candidate Name Category/Type 003	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2404.26
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9559

Disbursement under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 243 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Pitney Bowes</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 362 Avenida de la Constitucion		Amount of Each Disbursement this Period 117.00
City San Juan State PR Zip Code 00901	Purpose of Disbursement Meter Rentar Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9411
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Yoly Prohias</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address PO Box 192273		Amount of Each Disbursement this Period 267.24
City San Juan State PR Zip Code 00919	Purpose of Disbursement In-kind - Fundraising Expenses-Beverages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9684
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Yoly Prohias</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address PO Box 192273		Amount of Each Disbursement this Period 1850.00
City San Juan State PR Zip Code 00919	Purpose of Disbursement In-kind - Fundraising Expenses-Meals Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.9685
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2234.24
<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 244 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Restaurante Antonio</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 1406 Magdalena Ave.		Amount of Each Disbursement this Period 1427.00 <b>Transaction ID : SB17.9467</b>
City San Juan State PR Zip Code 00907	Purpose of Disbursement Fundraising Expenses-Meals Candidate Name Category/Type 007	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Ricoh PR</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		Amount of Each Disbursement this Period 1126.75 <b>Transaction ID : SB17.9458</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Office Equipment Rental-Copy Machine Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.9347</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound vehicle rental Candidate Name Category/Type 007	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3853.75
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9347

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for two activities sound car rental.

Form/Schedule:

Transaction ID:

**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 246 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Miguel Rios</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street			Amount of Each Disbursement this Period 1800.00	
City Bayamon	State PR	Zip Code 00961	Transaction ID : SB17.9362	
Purpose of Disbursement Sound Vehicle Rental		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. A. Miguel Rios</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012	
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street			Amount of Each Disbursement this Period 1300.00	
City Bayamon	State PR	Zip Code 00961	Transaction ID : SB17.9376	
Purpose of Disbursement Sound Vehicle Rental		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. A. Miguel Rios</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street			Amount of Each Disbursement this Period 2600.00	
City Bayamon	State PR	Zip Code 00961	Transaction ID : SB17.9395	
Purpose of Disbursement Sound Vehicle Rental		007 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SB17

Transaction ID : SB17.9362

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays the half of invoice for activities sound car rental.

Form/Schedule: SB17

Transaction ID: SB17.9376

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for two activities sound car rental.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9395

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for four activities sound car rental.

Form/Schedule:

Transaction ID:



**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 249 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Miguel Rios</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.9404</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type 007	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. A. Miguel Rios</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9441</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type 007	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. A. Miguel Rios</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 3250.00 <b>Transaction ID : SB17.9436</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type 007	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7150.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9404

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for two activities sound car rental.

Form/Schedule: SB17

Transaction ID: SB17.9441

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for four activities sound car rental.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9436

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for five activities sound car rental.

Form/Schedule:

Transaction ID:

**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 252 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : SB17.9456</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : SB17.9466</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 3250.00 <b>Transaction ID : SB17.9481</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7150.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9456

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for three activities sound car rental.

Form/Schedule: SB17

Transaction ID: SB17.9466

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for three activities sound car rental.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9481

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for five activities sound car rental.

Form/Schedule:

Transaction ID:

**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 255 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 3250.00 <b>Transaction ID : SB17.9493</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A. Miguel Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 3900.00 <b>Transaction ID : SB17.9486</b>
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ana C. Rius Armendariz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address Urb. Santa Clara Roble Blanco St. F-11		Amount of Each Disbursement this Period 294.00 <b>Transaction ID : SB17.7720</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement In-kind - Fundraising expenses rentals Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7444.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SB17

Transaction ID : SB17.9493

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for five activities sound car rental.

Form/Schedule: SB17

Transaction ID: SB17.9486

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for six activities sound car rental.



**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 257 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Ana C. Rius Armendariz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address Urb. Santa Clara Roble Blanco St. F-11		Amount of Each Disbursement this Period 379.01 <b>Transaction ID : SB17.7721</b>
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement In-kind - Fundraising expenses Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Benito Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address Urb. Fuentes de Coamo #1347		Amount of Each Disbursement this Period 527.50 <b>Transaction ID : SB17.9619</b>
City Coamo	State PR Zip Code 00769	
Purpose of Disbursement Fundraising Expenses-Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Benito Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address Urb. Fuentes de Coamo #1347		Amount of Each Disbursement this Period 527.50 <b>Transaction ID : SB17.9621</b>
City Coamo	State PR Zip Code 00769	
Purpose of Disbursement Fundraising Expenses-Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1434.01
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Gladys Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address PO Box 71325 Suite 171		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9782</b>
City San Juan	State PR Zip Code 00396	
Purpose of Disbursement Transportation and meals expenses	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jose Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address Carr. 723 Km. 0. Bo. Asomante		Amount of Each Disbursement this Period 1540.00 <b>Transaction ID : SB17.9615</b>
City Aibonito	State PR Zip Code 00705	
Purpose of Disbursement Fundraising Expenses-Meals	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.10957</b>
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9782

Advance for expenses of food and transportation on Democrat National Convention. Mrs. Rodriguez was assisting Mr. Cox Alomar on meetings and DNC activities. Mr. Cox was delegate. The advance was determined by multiplying the days of stay working at the DNC by an estimated of expenses of \$100. The staffer had to document all transactions. No disbursements over \$200 aggregated to one original vendor.

Form/Schedule:

Transaction ID:

**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 260 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.9541</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Meals expenses 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9397</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 94.92 <b>Transaction ID : SB17.9434</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Reimbursement of meals and transportation expenses-gas expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2004.92
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9541

Disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9434

Disbursements under \$200 aggregated to the original vendor.

**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 262 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.9447</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Salary Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 49.57 <b>Transaction ID : SB17.9558</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Petty Cash for the purchase of office materials-Envelopes Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carmen Angeles Rodriguez Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 123.38 <b>Transaction ID : SB17.9495</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Reimbursement of meals and transportation expenses-gas expenses Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2032.95
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9558

Disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9495

Reimbursement of gas expenses made for fundraising activities. Mrs. Rodriguez was a fundraising coordinator for Cox Alomar 2012, Inc. Disbursements under \$200 to the original vendor.

**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 264 OF 305			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Sami Abu Osba/Shell Abuosba</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 3410.68 <b>Transaction ID : SB17.10940</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement Transportation-Gas for campaign vehicle expenses Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sami Abu Osba/Shell Abuosba</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 731.16 <b>Transaction ID : SB17.9413</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement Transportation-Gas expenses Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sami Abu Osba/Shell Abuosba</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address Urb. San Agustin 1426 Luisa Capetilo St.		Amount of Each Disbursement this Period 1322.18 <b>Transaction ID : SB17.9473</b>
City San Juan State PR Zip Code 00921	Purpose of Disbursement Transportation-Gas Expenses Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3410.68
<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 265 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Jorge Sanchez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 516 B Juan J. Jimenez St.		Amount of Each Disbursement this Period 778.72
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	Transaction ID : SB17.8282
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1395.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary	Transaction ID : SB17.10949
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 232.50
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Reimbursement of meals and transportation-gas expenses	Transaction ID : SB17.9354
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2406.22
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9354

Mr. Sanchez was Mr. Cox assistant. Monthly Cox Alomar 2012, Inc. reimbursed to Mr. Sanchez the expenses made on campaign activities and events, such as meals, gas and toll expenses. No disbursements over \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

**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 267 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9536</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Toll Charges	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1627.50 <b>Transaction ID : SB17.9401</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary-July	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1627.50 <b>Transaction ID : SB17.9457</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary-August	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3355.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A`G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A`N5H`CB

Form/Schedule: SB17

Transaction ID : SB17.9536

Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968.  
Purpose: toll charges on 7/10/2012 Amount: \$100

Form/Schedule:

Transaction ID:

**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 269 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Christopher Sanchez Ortiz</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address PO Box 194555			Amount of Each Disbursement this Period 851.97 <b>Transaction ID : SB17.10938</b>
City San Juan	State PR	Zip Code 00919	
Purpose of Disbursement Meals and gas expenses		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address PO Box 194555			Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.9548</b>
City San Juan	State PR	Zip Code 00919	
Purpose of Disbursement Toll Charges		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Christopher Sanchez Ortiz</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address PO Box 194555			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9553</b>
City San Juan	State PR	Zip Code 00919	
Purpose of Disbursement Toll Charges		Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1031.97
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.10938**

Mr. Sanchez was Mr. Cox assistant. Monthly Cox Alomar 2012, Inc. reimbursed to Mr. Sanchez the expenses made on campaign activities and events, such as meals, gas and toll expenses. Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Purpose: toll charges on 5/21/2012, \$10; 5/26/2012, \$20; 5/19/2012, \$20; 5/20/2012, \$20; 5/19/2012, \$50. Other disbursements under \$200 aggregated to the original vendor.

Form/Schedule: **SB17**

Transaction ID: **SB17.9548**

Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Purpose: toll charges on 8/26/2012 Amount: \$80.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9553

Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968.  
Purpose: toll charges on 9/04/2012 Amount: \$100.

Form/Schedule:

Transaction ID:

**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 272 OF 305		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1457.77 <b>Transaction ID : SB17.9478</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Reimbursement of meals and transportation expenses-gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christopher Sanchez Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.9560</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Toll Charges	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Maria L. Santaella Arguinzoni</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 393.76 <b>Transaction ID : SB17.9796</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - T-Shirts	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1951.53
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: **SB17**

Transaction ID : **SB17.9478**

Mr. Sanchez was Mr. Cox assistant. Monthly Cox Alomar 2012, Inc. reimbursed to Mr. Sanchez the expenses made on campaign activities and events, such as meals, gas and toll expenses. Original vendors: Wyndham Rio Mar Beach Resort & Spa, 6000 Rio Mar Boulevard, Rios Grande, Puerto Rico 00745. Amount: \$197.60 on 06/22/2012. Purpose: Meals on campaign activity (Popular Democratic Party Convention). Best Buy, 230 Federico Costa St. Hato Rey, Puerto Rico 00918. Amount: \$213.98 on 05/22/2012. Purpose: Two broadband modems for campaign computers and two Virgin Mobile Cards of \$50 each for the modems. Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Amounts: \$20.00 on 06/12/2012; \$20.00 on 04/07/2012; \$10.00 on 06/12/2012. Purpose: toll charges. Other disbursements under \$200 aggregated to the original vendor.

Form/Schedule: **SB17**

Transaction ID: **SB17.9560**

Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Purpose: toll charges on 9/19/2012 Amount: \$100.

**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 274 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Luis Silva</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2012
Mailing Address Apartado 946		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.8361</b>
City Humacao State PR Zip Code 00767	Purpose of Disbursement Fundraising Expense-Music 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nilda Soto Mejias</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9611</b>
City Caguas State PR Zip Code 00725	Purpose of Disbursement Gas and meals expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nilda Soto Mejias</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9598</b>
City Caguas State PR Zip Code 00725	Purpose of Disbursement Gas and meals expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9611

Monthly reimbursement of meals and gas expenses made by Mrs. Soto for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9598

Monthly reimbursement of meals and gas expenses made by Mrs. Soto for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

**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 276 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Nilda Soto Mejias</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9586</b>
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Gas and meals expenses	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Nilda Soto Mejias</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.9556</b>
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Meals	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Office Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address #11 Cardon Ave. Urb. Industrial Tres Monjitas		Amount of Each Disbursement this Period 52.97 <b>Transaction ID : SB17.9377</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Office Materials	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	602.97
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9586

Monthly reimbursement of meals and gas expenses made by Mrs. Soto for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9556

Disbursement under \$200 aggregated to the original vendor.

**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 278 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. The Office Shop</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2012
Mailing Address #11 Cardon Ave. Urb. Industrial Tres Monjitas		Amount of Each Disbursement this Period 78.11
City San Juan State PR Zip Code 00919	Purpose of Disbursement Office Materials Category/Type 001	
Candidate Name		Transaction ID : SB17.9419
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Office Shop</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2012
Mailing Address #11 Cardon Ave. Urb. Industrial Tres Monjitas		Amount of Each Disbursement this Period 82.60
City San Juan State PR Zip Code 00919	Purpose of Disbursement Office Materials Category/Type 001	
Candidate Name		Transaction ID : SB17.9497
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Francisco Torres Pagan</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2012
Mailing Address Urb. Vega Linda Tomas Torres St #20		Amount of Each Disbursement this Period 248.26
City Jayuya State PR Zip Code 00664	Purpose of Disbursement In-kind - Fundraising Expenses-Meals and Beverages Category/Type	
Candidate Name		Transaction ID : SB17.9648
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	408.97
<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 279 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Tu Nuevo Amanecer</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1519 Kelley Ave.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9593</b>
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Advertising-Newspaper	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.10953</b>
City Guaynabo	State PR	
Zip Code 00968-3022	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9400</b>
City Guaynabo	State PR	
Zip Code 00968-3022	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5150.00
<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 280 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9410</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9409</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.9786</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Food and transportation-DNC Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5350.00
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9786

Advance for expenses of food and transportation on Democrat National Convention. Mr. Vazquez was assisting Mr. Cox Alomar on meetings, advising on political issues and was involved on efforts to raise contributions. Mr. Cox was delegate. The advance was determined by multiplying the days of stay working at the DNC by an estimated of expenses of \$100. The staffer had to document all transactions. Mr. Vazquez made a total of disbursements of \$1,621.99, reimbursed on 9/19/2012.

Form/Schedule:

Transaction ID:

**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 282 OF 305	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 <b>Transaction ID : SB17.9450</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 50.27 <b>Transaction ID : SB17.9547</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Reimbursement-Meals Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 921.99 <b>Transaction ID : SB17.9489</b>
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Reimbursement-Meals and transportation-DNC Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3297.26
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @05 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.9547**

Reimbursement of meals expenses made on campaign meeting. Disbursement to the original vendor under \$200 aggregated.

Form/Schedule: **SB17**

Transaction ID: **SB17.9489**

Reimbursement of expenses made for food and transportation on Democrat National Convention. Mr. Vazquez was Cox Alomar 2012, Inc. Political Director. He was assisting Mr. Cox Alomar on meetings, advising on political issues and was involved on efforts to raise contributions on the Democratic National Convention. Mr. Cox was delegate. Payment to orginial vendor: Enterprise, 424 Air Ramp Road, Charlotte, NC 28214. Made on sept-1-2012. Total of original disbursement: \$864.42. Purpose: Transportation for the staff and candidate, car rental. Other disbursements under \$200 agreggated to the original vendor.

**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 284 OF 305			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Edgardo Miguel Vazquez Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Transaction ID : SB17.9490
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vias Car Rental of P.R.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address Urb. Costa de Oro C-2 Marginal St.		Amount of Each Disbursement this Period 4000.00
City Dorado State PR Zip Code 00646-2055	Purpose of Disbursement Campaign vehicle rental Candidate Name Category/Type 002	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Transaction ID : SB17.10974
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vias Car Rental of PR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address Isla Verde		Amount of Each Disbursement this Period 1698.39
City Carolina State PR Zip Code 00979	Purpose of Disbursement Campaign Vehicles Rental Candidate Name Category/Type 002	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Transaction ID : SB17.9487
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8023.39
<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 285 OF 305	
	<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**

**A. Vias Car Rental of PR**

Full Name (Last, First, Middle Initial)  
Mailing Address Isla Verde

City Carolina State PR Zip Code 00979

Purpose of Disbursement Campaign Vehicles Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.9488

Category/Type: 002

**B. Wave Ranch Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address HC 72 Box 3766 PMB 323

City Naranjito State PR Zip Code 00719-9788

Purpose of Disbursement Campaing Shirts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 12 / 2012

Amount of Each Disbursement this Period: 552.12

Transaction ID : SB17.9476

Category/Type: 006

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional) ..... 3052.12

**TOTAL** This Period (last page this line number only) ..... 275633.28

**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 286 OF 305	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 132.15 <b>Transaction ID : SB21.9865</b>
City San Juan	State PR Zip Code 00936-2708	
Purpose of Disbursement Bank Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.15
<b>TOTAL</b> This Period (last page this line number only).....	132.15

**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	<b>Transaction ID : SD9.4979</b>	
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	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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 288 OF 305
	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 1400.00	<b>Transaction ID : SD10.7470</b>	
Amount Incurred This Period 0.00	Payment This Period 1302.00	Outstanding Balance at Close of This Period 98.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Audio Visual Consultants Inc.</b>	Nature of Debt (Purpose): Popular Democratic Party Convention-Technology rental
Mailing Address PO Box 5999	
City State Zip Code Caguas PR 00726	

Outstanding Balance Beginning This Period 3550.00	<b>Transaction ID : SD10.7193</b>	
Amount Incurred This Period 0.00	Payment This Period 3550.00	Outstanding Balance at Close of This Period 0.00

C. 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 1500.00	<b>Transaction ID : SD10.7202</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) .....	1598.00
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>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 <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.9862</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="1460.00"/>	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="1460.00"/>	

B. 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 <input style="width:100%;" type="text" value="130.80"/>	<b>Transaction ID : SD10.5018</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="130.80"/>	

C. 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 <input style="width:100%;" type="text" value="5000.00"/>	<b>Transaction ID : SD10.4976</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="5000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="6590.80"/>
<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**

(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):

Advertising Consulting Services

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Outstanding Balance Beginning This Period

18000.00

Transaction ID : SD10.5770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Central 12**

Nature of Debt (Purpose):

Campaign Media and Promotion

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.7212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Central 12**

Nature of Debt (Purpose):

Campaign Media and Promotion

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code  
Guaynabo PR 00968

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10.7213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

18750.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Central 12</b>	Nature of Debt (Purpose): Campaign Media and Promotion
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406	
City State Zip Code Guaynabo PR 00968	

Outstanding Balance Beginning This Period 1200.00	<b>Transaction ID : SD10.7214</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

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 State Zip Code Guaynabo PR 00968	

Outstanding Balance Beginning This Period 2160.00	<b>Transaction ID : SD10.7215</b>	
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 State Zip Code Guaynabo PR 00968	

Outstanding Balance Beginning This Period 2160.00	<b>Transaction ID : SD10.7216</b>	
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) .....	5520.00
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 State Zip Code Guaynabo PR 00968	

Outstanding Balance Beginning This Period 2160.00	<b>Transaction ID : SD10.7217</b>	
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>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) .....	2492.93
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**

(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  
**Compania de Teatros Coribantes, Inc.**

Nature of Debt (Purpose):  
Popular Democratic Party Convention-Artistic services

Mailing Address Box 22998

City State Zip Code  
San Juan PR 00931

Outstanding Balance Beginning This Period  
4600.00

Transaction ID : SD10.7184

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 4600.00 0.00

B. 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  
2000.00

Transaction ID : SD10.7477

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 1860.00 140.00

C. 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  
0.00

Transaction ID : SD10.9854

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
2000.00 0.00 2000.00

- 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) ▶

2140.00

**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  
**Eastern America Insurance Agency, Inc.**

Mailing Address PO Box 193900

City State Zip Code  
 San Juan PR 00919

Nature of Debt (Purpose):  
 Insurance

Outstanding Balance Beginning This Period **Transaction ID : SD10.7490**  
 1227.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 1227.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Facilities Management and Janitorial Services**

Mailing Address PO Box 366586

City State Zip Code  
 San Juan PR 00936-6586

Nature of Debt (Purpose):  
 janitorial services - committee's offices

Outstanding Balance Beginning This Period **Transaction ID : SD10.5774**  
 220.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 220.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Carl Gibbs Acosta**

Mailing Address Cape Village B-4 Buzon 110

City State Zip Code  
 Carolina PR 00979

Nature of Debt (Purpose):  
 Professional services- Statistics analyst

Outstanding Balance Beginning This Period **Transaction ID : SD10.7472**  
 2000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 1860.00 140.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1587.00
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 296 OF 305
	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>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 0.00	<b>Transaction ID : SD10.9855</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Miguel Hernandez Agosto</b>	Nature of Debt (Purpose): Professional services-Campaign director
Mailing Address Apartado 367746	
City State Zip Code San Juan PR 00936-7746	

Outstanding Balance Beginning This Period 5000.00	<b>Transaction ID : SD10.7482</b>	
Amount Incurred This Period 0.00	Payment This Period 4650.00	Outstanding Balance at Close of This Period 350.00

C. 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 0.00	<b>Transaction ID : SD10.9858</b>	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7350.00
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  
**Imperial Credit Corporation**

Mailing Address PO Box 9777

City State Zip Code  
 San Juan PR 00908-0777

Nature of Debt (Purpose):  
 insurance premium

Outstanding Balance Beginning This Period **Transaction ID : SD10.5754**  
 499.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 499.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Importadora Espanola**

Mailing Address Corporate Office Park  
 Road No. 20 Suite 500

City State Zip Code  
 Guaynabo PR 00966

Nature of Debt (Purpose):  
 office furniture for Cox Alomar Committee

Outstanding Balance Beginning This Period **Transaction ID : SD10.5752**  
 2242.21

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 2242.21

C. 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):  
 Professional services- Assistant treasurer,  
 Compliance advisory

Outstanding Balance Beginning This Period **Transaction ID : SD10.7476**  
 2500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 2325.00 175.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2916.31
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>Javier J Lamboy Hernandez</b>		Nature of Debt (Purpose): Salary
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 : SD10.9853</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lydias Restaurant</b>		Nature of Debt (Purpose): Meals and beverages for fundraising event
Mailing Address Urb. Ls Caobos		
City State	Zip Code	
Ponce	PR 00717	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7197</b>	
<input type="text" value="1643.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1643.25"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Israel Morales Alicea</b>		Nature of Debt (Purpose): Salary
Mailing Address Terranova 4B9 St.		
City	State	Zip Code
Guaynabo	PR	00969

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9860</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="5000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**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

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):  
 Professional services- Media Advisor

Outstanding Balance Beginning This Period **Transaction ID : SD10.7475**  
 4500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 4114.50 385.50

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):  
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9856**  
 0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 3250.00 0.00 3250.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3742.53
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>One Link Communications</b>		Nature of Debt (Purpose): Office expenses-Telephone and internet services
Mailing Address PO Box 192296		
City	State	Zip Code
San Juan	PR	00919-2296

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7203</b>	
<input type="text" value="628.11"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="628.11"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ivonne Otero Santiago</b>		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	<b>Transaction ID : SD10.9859</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2140.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2140.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pitney Bowes</b>		Nature of Debt (Purpose): equipment and postage meter rental
Mailing Address 362 Avenida de la Constitucion		
City	State	Zip Code
San Juan	PR	00901

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5772</b>	
<input type="text" value="351.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="351.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2491.00"/>
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 301 OF 305
	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>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	<b>Transaction ID : SD10.9641</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ricoh PR</b>		Nature of Debt (Purpose): copy machine
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		
City	State	Zip Code
San Juan	PR	00917

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4971</b>	
<input type="text" value="2745.00"/>		
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="2745.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ricoh PR</b>		Nature of Debt (Purpose): Office expenses-Printing services
Mailing Address National Plaza Bldg suite 1700 431 Ponce de Leon Ave.		
City	State	Zip Code
San Juan	PR	00917

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7204</b>	
<input type="text" value="305.00"/>		
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="305.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4050.00"/>
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>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	<b>Transaction ID : SD10.7196</b>	
<input type="text" value="3250.00"/>		
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="3250.00"/>

B. 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	<b>Transaction ID : SD10.9849</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="11700.00"/>	<input type="text" value="0.00"/>	<input type="text" value="11700.00"/>

C. 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="2000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1860.00"/>	<input type="text" value="140.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="15090.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sami Abu Osba/Shell Abuosba**

Nature of Debt (Purpose):  
Travel Expenses-Gasoline

Mailing Address Urb. San Agustin  
1426 Luisa Capetilo St.

City State Zip Code  
San Juan PR 00921

Outstanding Balance Beginning This Period

1357.34

Transaction ID : SD10.7219

Amount Incurred This Period

0.00

Payment This Period

1357.34

Outstanding Balance at Close of This Period

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

0.00

Transaction ID : SD10.9851

Amount Incurred This Period

1970.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1970.00

C. 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

851.87

Transaction ID : SD10.7199

Amount Incurred This Period

0.00

Payment This Period

851.97

Outstanding Balance at Close of This Period

-0.10

1) **SUBTOTALS** This Period This Page (optional) .....

1969.90

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**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  
1500.00

Transaction ID : SD10.7473

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 1395.00 105.00

B. 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  
0.00

Transaction ID : SD10.9857

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1500.00 0.00 1500.00

C. 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  
2500.00

Transaction ID : SD10.7474

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2325.00 175.00

- 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) ▶

1780.00



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**COX ALOMAR 2012 INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Edgardo Miguel Vazquez Rivera</b>		Nature of Debt (Purpose): Salary
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		
City State	Zip Code	
Guaynabo	PR 00968-3022	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.9852</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

B. 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	<b>Transaction ID : SD10.9863</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="14787.66"/>	<input type="text" value="4000.00"/>	<input type="text" value="10787.66"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vias Car Rental of PR</b>		Nature of Debt (Purpose): Campaign vehicles rental.
Mailing Address Isla Verde		
City	State	Zip Code
Carolina	PR	00979

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7201</b>	
<input type="text" value="1803.00"/>		
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="1803.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="17590.66"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="100659.13"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="100659.13"/>