

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

COX ALOMAR 2012 INC

ADDRESS (number and street)

403 AVENIDA CONSTITUCION

Check if different than previously reported. (ACC)

SAN JUAN

PR

00906

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506212

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PR 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of PR

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Javier J Lamboy Hernandez

Signature of Treasurer Javier J Lamboy Hernandez

[Electronically Filed]

Date

01 / 10 / 2013

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

Office Use Only								
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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))....	52451.20	685649.14
(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)).....	52451.20	685649.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53660.55	602584.95
(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)).....	53660.55	602584.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	78318.30	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	100.01	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	145701.30	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COX ALOMAR 2012 INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34948.76	442853.61
(ii) Unitemized.....	17502.44	239295.53
(iii) TOTAL of contributions from individuals ▶	52451.20	682149.14
(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))..	52451.20	685649.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	2100.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	52451.20	687749.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53660.55	602584.95
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	435.66	6845.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54096.21	609430.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79963.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	52451.20
25. SUBTOTAL (add Line 23 and Line 24).....	132414.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54096.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	78318.30

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

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

FOR LINE NUMBER: PAGE 5 OF 58
(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)
Roberto H Baez Torres

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

City San Juan State PR Zip Code 00901

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11AI.10001

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dennis Bechara

Mailing Address PO Box 1194

City Mayaguez State PR Zip Code 00681

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

Name of Employer Occupation

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
 10 / 03 / 2012

Transaction ID : SA11AI.10033

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dennis Bechara

Mailing Address PO Box 1194

City Mayaguez State PR Zip Code 00681

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11AI.9880

Amount of Each Receipt this Period
500.00

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

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

825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<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)
Marimar Benitez Rivera

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 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 Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.9955

Amount of Each Receipt this Period
100.00

B. 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
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.9899

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
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2012

Transaction ID : SA11AI.9930

Amount of Each Receipt this Period
100.00

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

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

600.00

**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 58
	<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)
Olga Borges Rivera

Mailing Address PO Box 178

City Mayaguez State PR Zip Code 00681-0178

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

Name of Employer Occupation

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
 10 / 07 / 2012

Transaction ID : SA11AI.10049

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Jose Antonio Casillas

Mailing Address PO Box 667

City Humacao State PR Zip Code 00792

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

Name of Employer Occupation Lawyer

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
 10 / 11 / 2012

Transaction ID : SA11AI.10004

Amount of Each Receipt this Period
125.00

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
2486.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10079

Amount of Each Receipt this Period
500.00

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

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

825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Yovani Colon Gerena

Mailing Address **G-7 Yagrumo St.**
Caparra Hills

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

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

Name of Employer **Colon Gerena & Associates** Occupation **Human Resources Advisor**

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
10 / 05 / 2012

Transaction ID : SA11AI.10259

Amount of Each Receipt this Period
500.00

Contribution via rafaelcoxalomar.com (ACH)

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

Mailing Address **P.O. Box 366676**

City **San Juan** State **PR** Zip Code **00936-6676**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4386.00

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

Transaction ID : SA11AI.9961

Amount of Each Receipt this Period
525.00

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

Mailing Address **P.O. Box 366676**

City **San Juan** State **PR** Zip Code **00936-6676**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4636.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2012

Transaction ID : SA11AI.10003

Amount of Each Receipt this Period
250.00

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

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

1275.00

**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 58
	<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)
Wilfredo Cubero Soto

Mailing Address P.O. Box 3919

City State Zip Code
Mayaguez PR 00681

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

Name of Employer Occupation

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
 10 / 05 / 2012

Transaction ID : SA11AI.10035

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Luz De la Cruz de Salas

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 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
 10 / 13 / 2012

Transaction ID : SA11AI.10044

Amount of Each Receipt this Period
200.00

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

Mailing Address Road 351 # 3230

City State Zip Code
Mayaguez PR 00682

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

Name of Employer Occupation
self employed Surgeon

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
 10 / 13 / 2012

Transaction ID : SA11AI.10064

Amount of Each Receipt this Period
400.00

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: PAGE 10 OF 58
(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)
Ileana I Fas Pacheco

Mailing Address 701 Ponce de Leon Ave. Apt. 309

City San Juan State PR Zip Code 00907

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

Name of Employer Martinal Corp. Occupation Engineer

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
 10 / 17 / 2012

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Diana Fernandez

Mailing Address Fajardo Pueblo
316 Pachecho General St.

City Fajardo State PR Zip Code 00738

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
 10 / 16 / 2012

Transaction ID : SA11AI.9889

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Karen Fernandez

Mailing Address 555 Waymouth St.

City San Juan State PR Zip Code 00907

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 **500.00**

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

Transaction ID : SA11AI.10875

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 58
(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)
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 _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 08 / 2012

Transaction ID : SA11AI.10041

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Fundraising at Rancho Pepe

Mailing Address **Haciendas del Rey**
Bo. Tomas D Castro Sector Macanea

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

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

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date **7228.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2012

Transaction ID : SA11AI.10112

Amount of Each Receipt this Period
7228.00

Contributions of \$20 per person

C. Full Name (Last, First, Middle Initial)
Angel Garcia Bonilla

Mailing Address **Miramar Embassy**
902 Ponce de Leon St. Apt. 203

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

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SA11AI.9965

Amount of Each Receipt this Period
1000.00

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

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

8428.00

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

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

FOR LINE NUMBER: PAGE 12 OF 58
(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)
Robert Gonzalez Fernandez

Mailing Address **PMB 331 PO Box 70344**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2012

Transaction ID : SA11AI.10002

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Elsie LA Herger

Mailing Address **Cond. Candina One**
1 Candina St. Apt. 2

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

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

Name of Employer Occupation

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
10 / 01 / 2012

Transaction ID : SA11AI.10188

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Edgardo Hernandez Lopez

Mailing Address **Urb. Parana**
S9 5th Street

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11AI.9894

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Wilfredo Irizarry Ruperto		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2012	
Mailing Address PO Box 3686		Transaction ID : SA11AI.10070	
City Mayaguez	State PR	Zip Code 00681	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. David Latoni Cabanillas		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2012	
Mailing Address PO Box 1856		Transaction ID : SA11AI.10023	
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 Self-Employed Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation MD Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) C. Ramon Leduc Marquez		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2012	
Mailing Address 8169 Concordia St. Suite 106 Cond. San Vicente		Transaction ID : SA11AI.9928	
City Ponce	State PR	Zip Code 00717	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Appraiser Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Banco Santander Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 14 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Luis Lopez Valdes

Mailing Address 26 Washington St.
Apt. 2

City San Juan State PR Zip Code 00907

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

Name of Employer Pietrantoni, Mendez & Alvarez Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
495.76

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

Transaction ID : SA11AI.10271

Amount of Each Receipt this Period
495.76

In-kind - Fundraising Expenses-Beverages

B. Full Name (Last, First, Middle Initial)
Maria Mendez Matta

Mailing Address 4011 Paseo La Catalana
Haciendas Monte, Coto Laurel 6

City Coto Laurel State PR Zip Code 00780

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
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11AI.9877

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
Manuel Moreda Toledo

Mailing Address PO Box 364225

City San Juan State PR Zip Code 00936

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

Name of Employer McConnell & Valdes LLC 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
 10 / 01 / 2012

Transaction ID : SA11AI.10159

Amount of Each Receipt this Period
100.00

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

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

1395.76

**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 15 OF 58
	<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)
Marya Munoz Vazquez

Mailing Address **Park Boulevard 310**
2305 Laurel St.

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

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
10 / 01 / 2012

Transaction ID : SA11AI.10195

Amount of Each Receipt this Period
200.00

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

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
10 / 05 / 2012

Transaction ID : SA11AI.9898

Amount of Each Receipt this Period
250.00

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 **Doctor**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
925.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11AI.9997

Amount of Each Receipt this Period
125.00

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

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<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)
Dolores Oronoz

Mailing Address **Torrimar Bambu K-4**

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 13 / 2012

Transaction ID : SA11AI.10034

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Margarita Ostolaza Bey

Mailing Address **Urb. Ocean Park
4 Elena St.**

City **San Juan** State **PR** Zip Code **00911-1410**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : SA11AI.10189

Amount of Each Receipt this Period
300.00

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

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

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11AI.10150

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<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)
Jesus R. Rabell Mendez

Mailing Address PO Box 195580

City San Juan State PR Zip Code 00919-5580

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

Name of Employer Occupation

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
 10 / 01 / 2012

Transaction ID : SA11AI.10145

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mayra J. Ramirez

Mailing Address Paseo Los Robles
1909 Jose Sabater St.

City Mayaguez State PR Zip Code 00682-7909

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **324.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.10046

Amount of Each Receipt this Period
200.00

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

Mailing Address 554 Perseo St. Apt 1101

City San Juan State PR Zip Code 00920

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

Name of Employer Occupation
unemployed Homemaker

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
 10 / 01 / 2012

Transaction ID : SA11AI.10250

Amount of Each Receipt this Period
100.00
 Contribution via rafaelcoxalomar.com (ACH)

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 18 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Julio Rivera Toro		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2012	
Mailing Address Paseo del Rey Apr. 1503		Transaction ID : SA11AI.9937	
City Ponce	State PR	Zip Code 00716	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
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 250.00		

Full Name (Last, First, Middle Initial) B. Luis Rodriguez		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2012	
Mailing Address 116 San Pablo St. Urb. Horalsón		Transaction ID : SA11AI.9975	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
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 2500.00		

Full Name (Last, First, Middle Initial) C. Hector Rodriguez Ortiz		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2012	
Mailing Address 14 Barcelo St.		Transaction ID : SA11AI.9887	
City Barranquitas	State PR	Zip Code 00794	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Farmacia Pedraza	Occupation Pharmacist		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Pablo R. Rodriguez Torrech

Mailing Address 105 Ave Ortegon
Cond. Caparra Classic 501

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
400.00

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

Transaction ID : SA11AI.10194

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Freddie H. Roman Aviles

Mailing Address 14 Peral St. N
suite 1-E

City Mayaguez State PR Zip Code 00680

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2012

Transaction ID : SA11AI.10038

Amount of Each Receipt this Period
200.00

C. 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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2012

Transaction ID : SA11AI.10065

Amount of Each Receipt this Period
400.00

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: PAGE 20 OF 58
(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)
Angel Luis Rosas

Mailing Address P.O. Box 470

City State Zip Code
Mayaguez PR 00681

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1290.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2012

Transaction ID : SA11AI.10074

Amount of Each Receipt this Period
100.00

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

Mailing Address Chalets de Santa Maria # 24

City State Zip Code
San Juan PR 00927

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

Name of Employer Occupation
self employed Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11AI.9879

Amount of Each Receipt this Period
1700.00

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

Mailing Address PO Box 8582

City State Zip Code
Humacao PR 00792

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

Name of Employer Occupation
Self-Employed Businessman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1325.00

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

Transaction ID : SA11AI.9998

Amount of Each Receipt this Period
125.00

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

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

1925.00

**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 58
	<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)
Monserate 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 **400.00**

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

Transaction ID : SA11Al.9964

Amount of Each Receipt this Period
100.00

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

Mailing Address Washington St. #57 2nd floor

City San Juan State PR Zip Code 00907

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

Name of Employer University Occupation student

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2012

Transaction ID : SA11Al.10082

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Margarita O. Suarez Noya

Mailing Address Cond. Tenerife 1507
Ashford Ave. Apt. 102

City San Juan State PR Zip Code 00911

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 **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11Al.10083

Amount of Each Receipt this Period
2500.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Conchita Toro Rivera		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2012
Mailing Address PO Box 4207		Transaction ID : SA11AI.9882
City Mayaguez	State PR	
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 800.00	

Full Name (Last, First, Middle Initial) B. Ingrid Vila		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2012
Mailing Address PO Box 11363		Transaction ID : SA11AI.9978
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 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	

Full Name (Last, First, Middle Initial) C. Enrique J. Vila Biaggi		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2012
Mailing Address Urb. Torrimar		Transaction ID : SA11AI.9977
City I-7 Alhambra St.	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
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 3100.00	

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL 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 23 OF 58
	<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)
Enrique Vila del Corral

Mailing Address **PO Box 11363**

City **San Juan** State **PR** Zip Code **00922-1363**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
10 / 08 / 2012

Transaction ID : SA11AI.9974

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1000.00

34948.76

**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 24 OF 58	
	<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. Action Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period 74.90
City Santurce	State PR Zip Code 00911	
Purpose of Disbursement Office Materials	Category/Type 001	Transaction ID : SB17.10116
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. AMAS Rental		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address Urb. Estancias del Bosque 801 Robles Dt.		Amount of Each Disbursement this Period 260.00
City Cidra	State PR Zip Code 00739	
Purpose of Disbursement Fundraising Expenses- Rentals	Category/Type 003	Transaction ID : SB17.10104
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) c. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1770.00
City Loiza	State PR Zip Code 00772	
Purpose of Disbursement Field Operations Expenses	Category/Type 007	Transaction ID : SB17.10117
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:		

SUBTOTAL of Disbursements This Page (optional).....	2104.90
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 25 OF 58	
	<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. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 780.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Field Operations Expenses	Transaction ID : SB17.10093
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. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 172.40
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement	Transaction ID : SB17.10108
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) C. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 590.00
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Field Operations Expenses	Transaction ID : SB17.10114
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:		

SUBTOTAL of Disbursements This Page (optional).....	1542.40
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 26 OF 58			
	<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. Luis Calderon Navarro			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 3550.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.10115	
Purpose of Disbursement Field Operations Expenses		Category/ Type 007		
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. Luis Calderon Navarro			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012	
Mailing Address PO Box 315			Amount of Each Disbursement this Period 880.00	
City Loiza	State PR	Zip Code 00772	Transaction ID : SB17.9358	
Purpose of Disbursement Field Operations Expenses		Category/ Type 007		
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) c. Iris Cancio Cruz			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012	
Mailing Address Urb. Punto Oro 4541 Golondrina St.			Amount of Each Disbursement this Period 2440.00	
City Ponce	State PR	Zip Code 00728	Transaction ID : SB17.10092	
Purpose of Disbursement Salary		Category/ Type 001		
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:			

SUBTOTAL of Disbursements This Page (optional).....	6870.00
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 27 OF 58	
	<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. Catering Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2012
Mailing Address 12 Manuel Malave St.		Amount of Each Disbursement this Period 875.00
City Anasco State PR Zip Code 00610	Purpose of Disbursement Fundraisinf=g Expenses-Meals 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)	Transaction ID : SB17.10098
State: District:		

Full Name (Last, First, Middle Initial) B. Center Tech Comm. Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 1253		Amount of Each Disbursement this Period 470.80
City Cidra State PR Zip Code 00739	Purpose of Disbursement Field Operations Expenses-Radios 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)	Transaction ID : SB17.10096
State: District:		

Full Name (Last, First, Middle Initial) c. Jose Cruz		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1860.00
City Juncos State PR Zip Code 00777	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)	Transaction ID : SB17.10126
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3205.80
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 28 OF 58			
	<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. Ivelisse De Jesus			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 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 : SB17.10130	
Purpose of Disbursement Reimbursement		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. Ivelisse De Jesus			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 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 : SB17.10089	
Purpose of Disbursement Reimbursement		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) c. Carl Gibbs Acosta			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012	
Mailing Address Cape Village B-4 Buzon 110			Amount of Each Disbursement this Period 1860.00	
City Carolina	State PR	Zip Code 00979	Transaction ID : SB17.10133	
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:				

SUBTOTAL of Disbursements This Page (optional).....	2860.00
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 29 OF 58			
	<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. Richard Guzman Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.10102
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Field Operations Expenses-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. Richard Guzman Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.10137
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Field Operations Expenses-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) c. Miguel Hernandez Agosto		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 4650.00 Transaction ID : SB17.10088
City San Juan State PR Zip Code 00936-7746	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:		

SUBTOTAL of Disbursements This Page (optional).....	7350.00
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 30 OF 58	
	<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. Gabriel Laborde		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address Urb. Rio Piedras Heights Tinto Street 1679		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.10136
City San Juan	State PR Zip Code 00926	
Purpose of Disbursement Reimbursements	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. Javier J Lamboy Hernandez		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 2790.00 Transaction ID : SB17.10123
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) c. Luis Lopez Valdes		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 26 Washington St. Apt. 2		Amount of Each Disbursement this Period 495.76 Transaction ID : SB17.10272
City San Juan	State PR Zip Code 00907	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4035.76
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 31 OF 58			
	<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. Los Bizcochos Catering

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2017
PMB 192

City Las Piedras State PR Zip Code 00771

Purpose of Disbursement Fundraising Expenses-Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2012

Amount of Each Disbursement this Period: 1350.00

Transaction ID : SB17.10106

Category/Type: 003

B. Israel Morales Alicea

Full Name (Last, First, Middle Initial)

Mailing Address Terranova 4B9 St.

City Guaynabo State PR Zip Code 00969

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2012

Amount of Each Disbursement this Period: 1860.00

Transaction ID : SB17.10134

Category/Type: 001

c. Ernesto Morales Ramos

Full Name (Last, First, Middle Initial)

Mailing Address 2 Cond. San Francisco
VLG Apt. 109

City Carolina State PR Zip Code 00987-6950

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2012

Amount of Each Disbursement this Period: 3022.50

Transaction ID : SB17.10125

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 6232.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 58	
	<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. Ernesto Morales Ramos		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 3200.00 Transaction ID : SB17.10131
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Ads Recording	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. Ivonne Otero Santiago		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10124
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:	

Full Name (Last, First, Middle Initial) c. Alexis Ramirez		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address Bonneville Heights Puerto Rico Ave. 13		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.10110
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Fundraising Expenses-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:	

SUBTOTAL of Disbursements This Page (optional).....	5350.00
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 33 OF 58	
	<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. Restaurante Antonio		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 1406 Magdalena Ave.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10100
City San Juan	State PR Zip Code 00907	
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. A. Miguel Rios		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.10103
City Bayamon	State PR Zip Code 00961	
Purpose of Disbursement Field Operations Expensenes-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) c. A. Miguel Rios		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.10095
City Bayamon	State PR Zip Code 00961	
Purpose of Disbursement Field Operations Expensenes-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:		

SUBTOTAL of Disbursements This Page (optional).....	6200.00
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 34 OF 58	
	<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. Carmen Angeles Rodriguez Weber		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.10101
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. Blanca Salinas		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.10118
City	State Zip Code	
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) c. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1627.00 Transaction ID : SB17.10127
City San Juan	State PR Zip Code 00919	
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:		

SUBTOTAL of Disbursements This Page (optional).....	3747.00
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 35 OF 58			
	<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. San Expedito			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2012		
Mailing Address 166 Santiago R. Palmer East			Amount of Each Disbursement this Period 661.42		
City Mayaguez	State PR	Zip Code 00680	Transaction ID : SB17.10090		
Purpose of Disbursement Fundraising Expenses-Beverages		Category/ Type 003			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Nilda Soto Mejias			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012		
Mailing Address Cond. Caguas Tower Apt 1107			Amount of Each Disbursement this Period 500.00		
City Caguas	State PR	Zip Code 00725	Transaction ID : SB17.10135		
Purpose of Disbursement Reimbursement		Category/ Type 002			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) c. Nilda Soto Mejias			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012		
Mailing Address Cond. Caguas Tower Apt 1107			Amount of Each Disbursement this Period 240.00		
City Caguas	State PR	Zip Code 00725	Transaction ID : SB17.10094		
Purpose of Disbursement Fundraising Expenses-Beverages		Category/ Type 003			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	1401.42
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 36 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Edgardo Miguel Vazquez Rivera			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 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	Transaction ID : SB17.10132	
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.			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) C.			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:				

SUBTOTAL of Disbursements This Page (optional).....	2325.00
TOTAL This Period (last page this line number only).....	53224.78

**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 37 OF 58
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 120.13 Transaction ID : SB21.10278
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Fees	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. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 34.13 Transaction ID : SB21.10279
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Fees	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) c. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 81.40 Transaction ID : SB21.10280
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Comm. SVC Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	235.66
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 38 OF 58	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 200.00
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Deposited check returned	Transaction ID : SB21.10281
Candidate Name	Category/ Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	435.66

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

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address Urb. Country Club
 1100 Carmen Busello St.

City State Zip Code
 San Juan PR 00924

Nature of Debt (Purpose):
 overpayment

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

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address Urb. San Agustin
 1426 Luisa Capetilo St.

City State Zip Code
 San Juan PR 00921

Nature of Debt (Purpose):
 Tarvel Expenses-Gasoline

Outstanding Balance Beginning This Period **Transaction ID : SD10.7219**

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

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

Mailing Address Urb. San Agustin
 1426 Luisa Capetilo St.

City State Zip Code
 San Juan PR 00921

Nature of Debt (Purpose):
 Gas Expenses

Outstanding Balance Beginning This Period **Transaction ID : SD10.9851**

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

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

Mailing Address Urb. San Agustin
 1426 Luisa Capetilo St.

City State Zip Code
 San Juan PR 00921

Nature of Debt (Purpose):
 Gas Expenses

Outstanding Balance Beginning This Period **Transaction ID : SD10.9850**

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5297.34"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 41 OF 58
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7470	
<input type="text" value="1400.00"/>		
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="1400.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Audio Visual Consultants Inc.		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	Transaction ID : SD10.7193	
<input type="text" value="3550.00"/>		
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="3550.00"/>

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6450.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 42 OF 58
	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 Caguas Expressway Motors	Nature of Debt (Purpose): Car Rental
Mailing Address P.O Box 50045	
City State Zip Code San Juan PR 00902	

Outstanding Balance Beginning This Period 1460.00	Transaction ID : SD10.9862	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1460.00

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

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

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

1) SUBTOTALS This Period This Page (optional)	6590.80
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 Central 12		Nature of Debt (Purpose): Advertising Consulting Services
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City Guaynabo	State PR	Zip Code 00968

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

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7212	
<input type="text" value="150.00"/>		
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="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 Guaynabo	State PR	Zip Code 00968

Outstanding Balance Beginning This Period	Transaction ID : SD10.7213	
<input type="text" value="600.00"/>		
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="600.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="18750.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Central 12	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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1200.00</div>	Transaction ID : SD10.7214
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1200.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2160.00</div>	Transaction ID : SD10.7215
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2160.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2160.00</div>	Transaction ID : SD10.7216
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2160.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">5520.00</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Nature of Debt (Purpose):
Campaign Media and Promotion-Social Media

Mailing Address Centro Intl de Mercadeo Torre 1
Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period
2160.00

Transaction ID : SD10.7217

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2160.00

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

Nature of Debt (Purpose):
Administrative expenses-Telephone services for campaign staff

Mailing Address PO Box 70366

City State Zip Code
San Juan PR 00936-8366

Outstanding Balance Beginning This Period
432.94

Transaction ID : SD10.7208

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 432.94

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

Nature of Debt (Purpose):
Campaign Jingle

Mailing Address Urb. Country Club
1100 Carmen Busello St.

City State Zip Code
San Juan PR 00924

Outstanding Balance Beginning This Period
-100.01

Transaction ID : SD10.4256

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 -100.01

- 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) ▶

2492.93

: 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

Transaction ID : SD10.7184

4600.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

4600.00

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

Transaction ID : SD10.7477

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

Transaction ID : SD10.9854

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

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) ▶

8600.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 58
	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 Eastern America Insurance Agency, Inc.	Nature of Debt (Purpose): Insurance
Mailing Address PO Box 193900	
City State Zip Code San Juan PR 00919	

Outstanding Balance Beginning This Period 1227.00	Transaction ID : SD10.7490	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1227.00

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

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

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

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.7472	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) SUBTOTALS This Period This Page (optional)	3447.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 58
	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 Carl Gibbs Acosta	Nature of Debt (Purpose): Salary
Mailing Address Cape Village B-4 Buzon 110	
City State Zip Code Carolina PR 00979	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.9855	
Amount Incurred This Period 0.00	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 Richard Guzman Rivera	Nature of Debt (Purpose): Field Operations Expenses-Vehicle Rental
Mailing Address 112 Paris St. Urb. Floral Park	
City State Zip Code Hato Rey PR 00917	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.10276	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.7482	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) SUBTOTALS This Period This Page (optional)	8500.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 OF 58
	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 Miguel Hernandez Agosto		Nature of Debt (Purpose): Salary
Mailing Address Apartado 367746		
City State	Zip Code	
San Juan	PR 00936-7746	

Outstanding Balance Beginning This Period	Transaction ID : SD10.9858	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Importadora Espanola		Nature of Debt (Purpose): office furniture for Cox Alomar Committee
Mailing Address Corporate Office Park Road No. 20 Suite 500		
City	State	Zip Code
Guaynabo	PR	00966

Outstanding Balance Beginning This Period	Transaction ID : SD10.5752	
<input type="text" value="2242.21"/>		
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="2242.21"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7741.31"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 51 OF 58
	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 Javier J Lamboy Hernandez		Nature of Debt (Purpose): Professional services- Assistant treasurer, Compliance advisory
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		
City State	Zip Code	
San Juan	PR 00917	

Outstanding Balance Beginning This Period	Transaction ID : SD10.7476	
<input type="text" value="2500.00"/>		
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="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Javier J Lamboy Hernandez		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	Transaction ID : SD10.9853	
<input type="text" value="3000.00"/>		
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="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lydias Restaurant		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	Transaction ID : SD10.7197	
<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="0.00"/>	<input type="text" value="1643.25"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7143.25"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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 Israel Morales Alicea		Nature of Debt (Purpose): Salary
Mailing Address Terranova 4B9 St.		
City State	Zip Code	
Guaynabo PR	00969	

Outstanding Balance Beginning This Period	Transaction ID : SD10.9860	
<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="0.00"/>	<input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ernesto Morales Ramos		Nature of Debt (Purpose): Reimbursement of meals and gasoline expenses
Mailing Address 2 Cond. San Francisco VLG Apt. 109		
City State	Zip Code	
Carolina PR	00987-6950	

Outstanding Balance Beginning This Period	Transaction ID : SD10.7186	
<input type="text" value="107.03"/>		
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="107.03"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ernesto Morales Ramos		Nature of Debt (Purpose): Professional services- Media Advisor
Mailing Address 2 Cond. San Francisco VLG Apt. 109		
City State	Zip Code	
Carolina PR	00987-6950	

Outstanding Balance Beginning This Period	Transaction ID : SD10.7475	
<input type="text" value="4500.00"/>		
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="4500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6607.03"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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):
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9856**
 3250.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 3250.00

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

Mailing Address PO Box 192296

City State Zip Code
 San Juan PR 00919-2296

Nature of Debt (Purpose):
 Office expenses-Telephone and internet services

Outstanding Balance Beginning This Period **Transaction ID : SD10.7203**
 628.11

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 628.11

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

Mailing Address Calle 2 #77 Urb. Paseo Alto

City State Zip Code
 San Juan PR 00926

Nature of Debt (Purpose):
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9859**
 2140.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 2140.00

1) SUBTOTALS This Period This Page (optional)	▶	6018.11
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
Pitney Bowes

Nature of Debt (Purpose):
equipment and postage meter rental

Mailing Address 362 Avenida de la Constitucion

City State Zip Code
San Juan PR 00901

Outstanding Balance Beginning This Period
351.00

Transaction ID : SD10.5772

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 351.00

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

Nature of Debt (Purpose):
Fundraising Expenses

Mailing Address 1406 Magdalena Ave.

City State Zip Code
San Juan PR 00907

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.9641

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1000.00

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

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
2745.00

Transaction ID : SD10.4971

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2745.00

- 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) ▶

4096.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

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

305.00

Transaction ID : SD10.7204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

305.00

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

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

Mailing Address Valle Verde II
Ap-1 Rio Maravilla Street

City State Zip Code
Bayamon PR 00961

Outstanding Balance Beginning This Period

3250.00

Transaction ID : SD10.7196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3250.00

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

Nature of Debt (Purpose):
Rental_Sound Vehicle

Mailing Address Valle Verde II
Ap-1 Rio Maravilla Street

City State Zip Code
Bayamon PR 00961

Outstanding Balance Beginning This Period

11700.00

Transaction ID : SD10.9849

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11700.00

- 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) ▶

15255.00

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

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 58
	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 A. Miguel Rios	Nature of Debt (Purpose): Sound Vehicle Rental
Mailing Address Valles Verde II Ap-1 Rio Maravilla Street	
City State Zip Code Bayamon PR 00961	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carmen Angeles Rodriguez Weber	Nature of Debt (Purpose): Professional serices- Fundraiser coordinator
Mailing Address Cond. Torre de los Frailes Apt. 11 J	
City State Zip Code Guaynabo PR 00969	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.7471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Sanchez Ortiz	Nature of Debt (Purpose): Reimburstments 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 0.00	Outstanding Balance at Close of This Period 851.87

1) SUBTOTALS This Period This Page (optional)	6101.87
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 58
	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 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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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 1500.00	Transaction ID : SD10.9857	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

1) SUBTOTALS This Period This Page (optional)	5500.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Edgardo Miguel Vazquez Rivera

Mailing Address Tabonuco St. B-5 suite 216
PMB-112

City State Zip Code
Guaynabo PR 00968-3022

Nature of Debt (Purpose):
Salary

Outstanding Balance Beginning This Period **5000.00** Transaction ID : **SD10.9852**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **5000.00**

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

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

City State Zip Code
Dorado PR 00646-2055

Nature of Debt (Purpose):
Vehicles Rental

Outstanding Balance Beginning This Period **14787.66** Transaction ID : **SD10.9863**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **14787.66**

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

Mailing Address Isla Verde

City State Zip Code
Carolina PR 00979

Nature of Debt (Purpose):
Campaign vehicles rental.

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

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

1) SUBTOTALS This Period This Page (optional)	21590.66
2) TOTALS This Period (last page this line number only)	145701.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	145701.30