

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of PR
11 / 06 / 2012
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
04 / 22 / 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.

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)	53660.05	600919.45
(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)).....	53660.05	600919.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	79983.80	
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).....	87012.13	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COX ALOMAR 2012 INC

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

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.....	53660.05	600919.45
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) ►	54095.71	607765.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	81628.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	52451.20
25. SUBTOTAL (add Line 23 and Line 24).....	134079.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54095.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	79983.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
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 Hormigonera Mayaguezana, Inc. Occupation Vice-President

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 Hormigonera Mayaguezana, Inc. Occupation Vice-President

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 68
	<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 Retired 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 68
	<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

Full Name (Last, First, Middle Initial) A. Olga Borges Rivera		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2012
Mailing Address PO Box 178		Transaction ID : SA11AI.10049
City Mayaguez	State PR	Zip Code 00681-0178
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) B. Jose Antonio Casillas		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address PO Box 667		Transaction ID : SA11AI.10004
City Humacao	State PR	Zip Code 00792
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

Full Name (Last, First, Middle Initial) C. Francisco Cebollero		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2012
Mailing Address P.O. Box 3146		Transaction ID : SA11AI.10079
City Mayaguez	State PR	Zip Code 00681-3146
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer self-employed	Occupation Physician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2486.78	

SUBTOTAL of Receipts This Page (optional).....	825.00
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 8 OF 68
	<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 rafaelfcoaxalomar.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 68
	<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
General Decor MFG Corp. Owner

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 : SA11Al.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 : SA11Al.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 : SA11Al.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: (check only one)	PAGE 10 OF 68
	<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

Full Name (Last, First, Middle Initial) A. Ileana I Fas Pacheco		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 701 Ponce de Leon Ave. Apt. 309		Transaction ID : SA11AI.9888	
City San Juan	State PR	Zip Code 00907	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Martinal Corp.	Occupation Engineer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00		

Full Name (Last, First, Middle Initial) B. Diana Fernandez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address Fajardo Pueblo 316 Pachecho General St.		Transaction ID : SA11AI.9889	
City Fajardo	State PR	Zip Code 00738	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Medical Doctor		
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) C. Karen Fernandez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012	
Mailing Address 555 Waymouth St.		Transaction ID : SA11AI.10875	
City San Juan	State PR	Zip Code 00907	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Unemployed	Occupation Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
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: PAGE 11 OF 68
(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 **Sucesores de Esmoris & Co.** Occupation **President**

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: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 68

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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 Hosteria del Mar Occupation President
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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 Medical Doctor
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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 68
	<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 Irizarry Ruperto

Mailing Address **PO Box 3686**

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

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

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

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 / 13 / 2012

Transaction ID : SA11AI.10070

Amount of Each Receipt this Period
300.00

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

Mailing Address **PO Box 1856**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

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

Transaction ID : SA11AI.10023

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ramon Leduc Marquez

Mailing Address **8169 Concordia St. Suite 106
Cond. San Vicente**

City **Ponce** State **PR** Zip Code **00717**

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

Name of Employer **Banco Santander** Occupation **Appraiser**

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 / 14 / 2012

Transaction ID : SA11AI.9928

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
	<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: PAGE 15 OF 68
(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)
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 Medical 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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.9898

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 17 OF 68
(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)
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 18 OF 68
	<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 Self-Employed Occupation Lawyer

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 Homemaker Occupation Homemaker

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 unemployed Occupation 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 19 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Julio Rivera Toro

Mailing Address Paseo del Rey Apr. 1503

City Ponce State PR Zip Code 00716

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.9937

Amount of Each Receipt this Period
250.00

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

Mailing Address 116 San Pablo St.
Urb. Horalsón

City San Juan State PR Zip Code 00926

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.9975

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Hector Rodriguez Ortiz

Mailing Address 14 Barcelo St.

City Barranquitas State PR Zip Code 00794

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

Name of Employer Farmacia Pedraza Occupation Pharmacist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.9887

Amount of Each Receipt this Period
1000.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
	<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 Self-Employed Occupation Medical Doctor

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: (check only one)	PAGE 21 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Angel 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 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 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 Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1325.00

Date of Receipt
M M / D D / Y Y 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 22 OF 68
	<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 : SA11AI.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 Unemployed 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 : SA11AI.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 : SA11AI.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 23 OF 68
	<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	Zip Code 00681
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Catholic University-Law School	Occupation Attorney-Professor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 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	Zip Code 00926
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	Zip Code 00966
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 24 OF 68
	<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
 M M / D D / Y Y Y Y Y Y
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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

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 25 OF 68	
	<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)		Date of Disbursement
A. Action Printing		M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address Loiza St. # 1603		Amount of Each Disbursement this Period
City Santurce State PR Zip Code 00911		74.90
Purpose of Disbursement Office Materials		Transaction ID : SB17.10116
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. AMAS Rental		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
City Cidra State PR Zip Code 00739		260.00
Purpose of Disbursement Fundraising Expenses- Rentals		Transaction ID : SB17.10104
Candidate Name		Category/Type 003
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)		Date of Disbursement
c. Luis Calderon Navarro		M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period
City Loiza State PR Zip Code 00772		1770.00
Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities		Transaction ID : SB17.10117
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).....	2104.90
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10117

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor:\$340 to Texaco Naguabo, Carr. 3 Corner Juan G Garzot St., Naguabo, Puerto Rico 00874, on 10/2/2012. Gas for campaign vehicles on Oct/02/2012. \$220 to: Total Cayey, Carr. 1 km. 57.4 Montellano Cayey, Puerto Rico 00737 on 10/04/2012, gas for campaign vehicles. Others disbursements to original vendor under \$200 aggregated.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 68	
	<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 Transaction ID : SB17.10093
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. 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 Transaction ID : SB17.10108
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement of meals expenses on campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) 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 Transaction ID : SB17.10114
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign acts on Oct. 9	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).....	1542.40
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: **SB17**

Transaction ID : **SB17.10093**

Advance of meals and gas expenses for the Field Operations Team. This team organized the campaign massive activities around the Island, like meetings with voters, house to house walkings, and others. Mr. Calderon was the director of this team. Over \$200 disbursement to original vendor:\$345. Texaco La Ceiba, Car. 2 km. 94.5 La Ceiba Quebradillas, Puerto Rico 00678. Gas for campaign vehicles expense. Other disbursements to original vendor under \$200 aggregated.

Form/Schedule: **SB17**

Transaction ID: **SB17.10108**

Reimbursement of meals expenses made on campaign activity. Disbursements under \$200 aggregated to the original vendor.

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

Form/Schedule: SB17

Transaction ID : SB17.10114

Meals and gas expenses for campaign activity, disbursements under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68			
	<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 Transaction ID : SB17.10115
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign acts on Oct. 9-14	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. 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 Transaction ID : SB17.9358
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activities	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) 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 Transaction ID : SB17.10092
City Ponce	State PR	
Zip Code 00728	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6870.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10115

Meals and gas expenses for campaign activities, disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.9358

Meals and gas expenses for campaign activities, disbursements under \$200 aggregated to the original vendor.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 68	
	<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

Mailing Address 12 Manuel Malave St.

City Anasco State PR Zip Code 00610

Purpose of Disbursement Fundraising Expenses-Meals **003**
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 13 / 2012

Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10098

Full Name (Last, First, Middle Initial)
B. Center Tech Comm. Inc.

Mailing Address PO Box 1253

City Cidra State PR Zip Code 00739

Purpose of Disbursement Field Operations Expenses-Radios **007**
Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2012

Amount of Each Disbursement this Period: 470.80
Transaction ID : SB17.10096

Full Name (Last, First, Middle Initial)
c. Jose Cruz

Mailing Address PO Box 443

City Juncos State PR Zip Code 00777

Purpose of Disbursement Salary **001**
Category/Type

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: 1860.00
Transaction ID : SB17.10986

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 33 OF 68		
	<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 Transaction ID : SB17.10130
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Meals and gas expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. 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 Transaction ID : SB17.10089
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Meals and gas expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) 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 Transaction ID : SB17.10980
City Carolina	State PR	
Zip Code 00979	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2860.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10130

Monthly reimbursement of meals and gas expenses made by Mrs. De Jesus for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.10089

Reimbursement of meals and gas expenses made by Mrs. De Jesus. No disbursements over \$200 aggregated to original vendor.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 68	
	<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 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 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 : SB17.10990
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).....	

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

Form/Schedule: **SB17**

Transaction ID : **SB17.10102**

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the four activities car rental.

Form/Schedule: **SB17**

Transaction ID: **SB17.10137**

The campaign rented a car owned by Mr. Guzman for campaigns political events around the Island. Mrs. Guzman charges \$300 per activity for the rental. This disbursements pays for the five activities car rental.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 68			
	<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 Meals and gas expenses	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 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 : SB17.10977
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).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10136

Reimbursement of meals and gas expenses made by Mr. Laborde for assisting on campaign activities.
Reimbursement of July, August and September gas and meals expenses. No disbursements over \$200 aggregated to original vendor.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68			
	<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. Los Bizcochos Catering		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address PO Box 2017 PMB 192		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.10106
City Las Piedras	State PR	
Zip Code 00771	Purpose of Disbursement Fundraising Expenses-Meals	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Israel Morales Alicea		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address Terranova 4B9 St.		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.10992
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Ernesto Morales Ramos		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 3022.00 Transaction ID : SB17.10984
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6232.00
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 40 OF 68	
	<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 : SB17.10988
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).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10131

Advance of advertise filming expenses. Original vendors: Ivan Dariel Ortiz, 519 Sagrado Corazon St. Apt. A-3 San Juan, Puerto Rico 00915. Amount: \$1,000. Purpose: filming service. Self-Employed- camarographer. Date: October/05/2012. Milton Grana, Carolina, Puerto Rico Amount: \$1,000. Purpose: Filming service. Self-Employed-camarographer. Date: October/05/2012. Wilfredo Martinez, Colinas de Fair View 220 St. 4U39 Trujillo Alto, Puerto Rico, 00976. Amount: \$500. Purpose: Filming car rental. Date: October/05/2012. Self-Employed-Car Renter. Other disbursements under \$200 aggregated to the original vendor. Cox Alomar 2012, Inc. is still making efforts to contact Mr. Grana in order to report hes complete address.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68			
	<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		
City San Juan	State PR	Zip Code 00907	Transaction ID : SB17.10100		
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		
City Bayamon	State PR	Zip Code 00961	Transaction ID : SB17.10103		
Purpose of Disbursement Sound Vehicle Rental		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) 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		
City Bayamon	State PR	Zip Code 00961	Transaction ID : SB17.10095		
Purpose of Disbursement Sound Vehicle Rental		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10103

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for four activities sound car rental.

Form/Schedule: SB17

Transaction ID: SB17.10095

The campaign rented a sound car owned by Mr. Rios for campaigns political events around the Island. Mrs. Rios charges \$650 per activity for the rental. This disbursements pays for four activities sound car rental.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 68	
	<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 26 Washington St. Apt. 2		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.10118
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) 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 45 OF 68	
	<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. 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 Transaction ID : SB17.10090
City Mayaguez	State PR	
Zip Code 00680	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	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	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 Transaction ID : SB17.10135
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Meals and gas expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	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 Transaction ID : SB17.10094
City Caguas	State PR	
Zip Code 00725	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	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1401.42
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10135

Monthly reimbursement of meals and gas expenses made by Mrs. Soto for assisting on fundraisers and campaign activities. No disbursements over \$200 aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.10094

Disbursement under \$200 aggregated to the original vendor.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 68	
	<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	Purpose of Disbursement Salary	Transaction ID : SB17.10982
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		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).....	2325.00
TOTAL This Period (last page this line number only).....	53224.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) 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 49 OF 68	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) 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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	100.01
2) TOTALS This Period (last page this line number only)	100.01
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) ▶	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
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

98.00

Transaction ID : SD10.7470

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

98.00

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

Nature of Debt (Purpose):
Professional services-Issues asisstant

Mailing Address Tintillo Gardens
6 St. M-21

City State Zip Code
Guaynabo PR 00966

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.7202

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
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

- 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) ▶

3058.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address PO Box 315

City State Zip Code
Loiza PR 00772

Nature of Debt (Purpose):
hotel room expense

Outstanding Balance Beginning This Period **Transaction ID : SD10.5018**
130.80

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 130.80

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

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code
Guaynabo PR 00968

Nature of Debt (Purpose):
Campaign Media and Promotion

Outstanding Balance Beginning This Period **Transaction ID : SD10.4976**
5000.00

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

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

Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406

City State Zip Code
Guaynabo PR 00968

Nature of Debt (Purpose):
Advertising Consulting Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.5770**
18000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 18000.00

1) SUBTOTALS This Period This Page (optional)	▶	23130.80
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
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
Central 12

Mailing Address Centro Intl de Mercadeo Torre 1
 Suite 406

City State Zip Code
 Guaynabo PR 00968

Nature of Debt (Purpose):
 Campaign Media and Promotion

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

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
Central 12

Mailing Address Centro Intl de Mercadeo Torre 1
 Suite 406

City State Zip Code
 Guaynabo PR 00968

Nature of Debt (Purpose):
 Campaign Media and Promotion

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

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
Central 12

Mailing Address Centro Intl de Mercadeo Torre 1
 Suite 406

City State Zip Code
 Guaynabo PR 00968

Nature of Debt (Purpose):
 Campaign Media and Promotion

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

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="1950.00"/>
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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	6480.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
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

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

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

432.94

B. 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

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-100.01

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

Jose Cruz

Nature of Debt (Purpose):

Professional services- Media advisor

Mailing Address PO Box 443

City

State

Zip Code

Juncos

PR

00777

Outstanding Balance Beginning This Period

140.00

Transaction ID : SD10.7477

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

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

472.93

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) ▶

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

Form/Schedule: SD10

Transaction ID : SD10.4256

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

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address PO Box 443

City State Zip Code
 Juncos PR 00777

Nature of Debt (Purpose):
 Salary

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.9854	
Amount Incurred This Period 0.00	Payment This Period 1860.00	Outstanding Balance at Close of This Period 140.00

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

Mailing Address PO Box 193900

City State Zip Code
 San Juan PR 00919

Nature of Debt (Purpose):
 Insurance

Outstanding Balance Beginning This Period 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Facilities Management and Janitorial Services

Mailing Address PO Box 366586

City State Zip Code
 San Juan PR 00936-6586

Nature of Debt (Purpose):
 janitorial services - committee's offices

Outstanding Balance Beginning This Period 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

1) SUBTOTALS This Period This Page (optional)	1587.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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	Transaction ID : SD10.7472	
<input type="text" value="140.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="140.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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	Transaction ID : SD10.9855	
<input type="text" value="2000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1860.00"/>	<input type="text" value="140.00"/>

C. 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	Transaction ID : SD10.10276	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1780.00"/>
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
Miguel Hernandez Agosto

Mailing Address Apartado 367746

City State Zip Code
 San Juan PR 00936-7746

Nature of Debt (Purpose):
 Professional services-Campaign director

Outstanding Balance Beginning This Period **Transaction ID : SD10.7482**

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
Miguel Hernandez Agosto

Mailing Address Apartado 367746

City State Zip Code
 San Juan PR 00936-7746

Nature of Debt (Purpose):
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9858**

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
Imperial Credit Corporation

Mailing Address PO Box 9777

City State Zip Code
 San Juan PR 00908-0777

Nature of Debt (Purpose):
 insurance premium

Outstanding Balance Beginning This Period **Transaction ID : SD10.5754**

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="1199.10"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
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 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 2242.21	Transaction ID : SD10.5752	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2242.21

B. 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 175.00	Transaction ID : SD10.7476	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 175.00

C. 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 3000.00	Transaction ID : SD10.9853	
Amount Incurred This Period 0.00	Payment This Period 2790.00	Outstanding Balance at Close of This Period 210.00

1) SUBTOTALS This Period This Page (optional)	2627.21
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 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 <input style="width:100%;" type="text" value="2000.00"/>	Transaction ID : SD10.9860
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1860.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="140.00"/>	

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 <input style="width:100%;" type="text" value="107.03"/>	Transaction ID : SD10.7186
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="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 <input style="width:100%;" type="text" value="385.50"/>	Transaction ID : SD10.7475
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="385.50"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="632.53"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
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 3022.00 228.00

B. 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 2000.00 140.00

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

Mailing Address 362 Avenida de la Constitucion

City State Zip Code
San Juan PR 00901

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

Outstanding Balance Beginning This Period **Transaction ID : SD10.5772**
351.00

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

1) SUBTOTALS This Period This Page (optional)	719.00
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 63 OF 68
	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 Restaurante Antonio	Nature of Debt (Purpose): Fundraising Expenses
Mailing Address 1406 Magdalena Ave.	
City State Zip Code San Juan PR 00907	

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

B. 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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2745.00

C. 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

1) SUBTOTALS This Period This Page (optional)	4050.00
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

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

B. 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

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

A. Miguel Rios

Nature of Debt (Purpose):

Sound Vehicle Rental

Mailing Address Valle Verde II
Ap-1 Rio Maravilla Street

City 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

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

18200.00

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 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 <input style="width:100%;" type="text" value="140.00"/>	Transaction ID : SD10.7471
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="140.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1970.00"/>	Transaction ID : SD10.9851
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1970.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.9850
Amount Incurred This Period <input style="width:100%;" type="text" value="1970.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1970.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="4080.00"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Christopher Sanchez Ortiz

Nature of Debt (Purpose):

Reimbursements for travel and meal expenses.

Mailing Address PO Box 194555

City State

Zip Code

San Juan

PR

00919

Outstanding Balance Beginning This Period

-0.10

Transaction ID : SD10.7199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-0.10

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

Christopher Sanchez Ortiz

Nature of Debt (Purpose):

Professional services- Candidate assistant

Mailing Address PO Box 194555

City State

Zip Code

San Juan

PR

00919

Outstanding Balance Beginning This Period

105.00

Transaction ID : SD10.7473

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

105.00

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

Christopher Sanchez Ortiz

Nature of Debt (Purpose):

Salary

Mailing Address PO Box 194555

City

State

Zip Code

San Juan

PR

00919

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.9857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

1604.90

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 68
	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 Edgardo Miguel Vazquez Rivera		Nature of Debt (Purpose): Professional services-Political director
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		
City State	Zip Code	
Guaynabo	PR 00968-3022	

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

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.9852	
<input type="text" value="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="2325.00"/>	<input type="text" value="2675.00"/>

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="13637.66"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
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
Vias Car Rental of PR

Mailing Address Isla Verde

City State Zip Code
 Carolina PR 00979

Nature of Debt (Purpose):
 Campaign vehicles rental.

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

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="1803.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="87012.13"/>
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="87012.13"/>