

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00506212 3. IS THIS REPORT NEW (N) OR AMENDED (A) X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on MM/DD/YYYY in the State of PR

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/18/2012 through 11/26/2012

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 MM/DD/YYYY 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.

Table with columns for Office Use Only and other administrative fields.

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
COX ALOMAR 2012 INC

Report Covering the Period: From: / / 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))....	88748.52	773133.36
(b) Total Contribution Refunds (from Line 20(d))	3671.45	3671.45
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	85077.07	769461.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	151026.70	747489.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	151026.70	747489.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14014.66	
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).....	85812.13	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 06"/> / <input type="text" value="YYYY 2012"/> (date of general election)	COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 07"/> / <input type="text" value="YYYY 2012"/> (date after general election) through <input type="text" value="MM 11"/> / <input type="text" value="DD 26"/> / <input type="text" value="YYYY 2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="68225.22"/>	<input type="text" value="510028.83"/>	<input type="text" value="1050.00"/>
(ii) Unitemized		
<input type="text" value="19523.30"/>	<input type="text" value="258604.53"/>	<input type="text" value="214.30"/>
(iii) Total of contributions from individuals		
<input type="text" value="87748.52"/>	<input type="text" value="768633.36"/>	<input type="text" value="1264.30"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="1000.00"/>	<input type="text" value="4500.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
88748.52	773133.36	1264.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
656.13	2356.13	400.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
89404.65	775489.49	1664.30

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

COX ALOMAR 2012 INC

Report Covering the Period: From: To:

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
151026.70	747489.83	4456.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
3671.45	3671.45	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

3671.45	3671.45	0.00
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21. OTHER DISBURSEMENTS

675.64	7521.53	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

155373.79	758682.81	4456.32
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

85077.07	769461.91	1264.30
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

151026.70	747489.83	4456.32
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79983.80
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	89404.65
25. SUBTOTAL (add Line 23 and Line 24).....	169388.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	155373.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	14014.66

**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 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Mailing Address 842 Borth St. 26

City Philadelphia State PA Zip Code 19130

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11Al.10686

Amount of Each Receipt this Period
300.00

Via ACH

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

Mailing Address P.O. Box 1842

City Mayaguez State PR Zip Code 00681-1842

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

Name of Employer Occupation
Unemployed Housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11Al.10307

Amount of Each Receipt this Period
1900.00

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

Mailing Address El Remanso Arroyo St. A-5

City San Juan State PR Zip Code 00926

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

Name of Employer Occupation
Retired Nurse

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11Al.10477

Amount of Each Receipt this Period
125.00

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

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

2325.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10686

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Noemi Alomar		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address EI Remanso Arroyo St. A-5		Transaction ID : SA11Al.10301
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Nurse	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1205.00	

Full Name (Last, First, Middle Initial) B. Rafael Alomar Colon		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address Cond. Vista Verde Apt. 601 San Ignacio Ave.		Transaction ID : SA11Al.10481
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self employed	Occupation electrician	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 460.00	

Full Name (Last, First, Middle Initial) C. Anita Vda Aponte Perez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 100 Marginal St. #336 Cond. Granada Park		Transaction ID : SA11Al.10494
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 10 OF 133
	<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)
Marjorie Avila Torres

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

City San Juan State PR Zip Code 00909-1937

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

Name of Employer self employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.10588

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gory Ballester Ortiz

Mailing Address PO Box 435

City Adjuntas State PR Zip Code 00601

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

Name of Employer Self-Employed Occupation Radiologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10460

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gory Ballester Ortiz

Mailing Address PO Box 435

City Adjuntas State PR Zip Code 00601

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

Name of Employer Self-Employed Occupation Radiologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.10587

Amount of Each Receipt this Period
100.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 133
	<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)
Gerardina Bermudez

Mailing Address **PO Box 434**

City **Caguas** State **PR** Zip Code **00726**

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 **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.10535

Amount of Each Receipt this Period
250.00

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

Mailing Address **PO Box 130**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.10359

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ivan Berrios Rivera

Mailing Address **HC 2 Box 5242**

City **Comerio** State **PR** Zip Code **00782**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.10541

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Carmelo Burgos Gutierrez

Mailing Address PO Box 561

City Punta Santiago State PR Zip Code 00741

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

Name of Employer Self-Employed Occupation Constructor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10466

Amount of Each Receipt this Period
125.00

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

Mailing Address 309 Sargento Oredino St.
Las Americas Court #16

City Hato Rey State PR Zip Code 00918

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

Name of Employer Public Servant Occupation Commonwealth of Puerto Rico

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 / 19 / 2012

Transaction ID : SA11AI.10498

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jose Raul Cancio Bigas

Mailing Address Urb. Milaville Garcia
36 D St.

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.10329

Amount of Each Receipt this Period
400.00

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

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

775.00

**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 133
	<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)
Jose Raul Cancio Bigas

Mailing Address Urb. Milaville Garcia
36 D St.

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
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.10331

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Olga R. Cardona Hernandez

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

City Carolina State PR Zip Code 00979-4958

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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.10556

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Oswaldo Carlo Linares

Mailing Address American Airlines Building PH

City San Juan State PR Zip Code 00911

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.9870

Amount of Each Receipt this Period
2500.00

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

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

3400.00

**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 133
	<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)
Aurora M. Casablanca

Mailing Address Urb. Quintas del Rio
El Plaza 3

City Bayamon State PR Zip Code 00961

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

Name of Employer Servicios de TV Paga Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11Al.10432

Amount of Each Receipt this Period
125.00

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

Mailing Address PO Box 11884

City San Juan State PR Zip Code 00922-1884

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

Name of Employer AON Occupation Vice-President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11Al.10454

Amount of Each Receipt this Period
125.00

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

Mailing Address Encantada MB108
Parque del Monte

City Trujillo Alto State PR Zip Code 00976

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11Al.10596

Amount of Each Receipt this Period
125.00

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

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

375.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10596

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Francisco Chevere Mourino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address P.O. Box 364225		Transaction ID : SA11AI.10366	
City San Juan	State PR	Zip Code 00936	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 217.16	
Name of Employer Mc Connell & Valdes	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 642.16		

Full Name (Last, First, Middle Initial) B. Francisco Chevere Mourino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address P.O. Box 364225		Transaction ID : SA11AI.10292	
City San Juan	State PR	Zip Code 00936	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00	
Name of Employer Mc Connell & Valdes	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2392.16		

Full Name (Last, First, Middle Initial) C. Sergio L. Chevere Mourino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	
Mailing Address Urb. El Monte 3166 Marbella St.		Transaction ID : SA11AI.10446	
City Ponce	State PR	Zip Code 00716-4808	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Primary Medical Group	Occupation Physician		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

SUBTOTAL of Receipts This Page (optional).....	2467.16
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 133
	<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)
Sergio L. Chevere Mourino

Mailing Address Urb. El Monte
3166 Marbella St.

City Ponce State PR Zip Code 00716-4808

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

Name of Employer Primary Medical Group Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.9917

Amount of Each Receipt this Period
2500.00

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

Mailing Address Condado Ave. #69

City San Juan State PR Zip Code 00907

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

Name of Employer Self-Employed Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10482

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Axel Colon Perez

Mailing Address PO Box 1093

City Aibonito State PR Zip Code 00705

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

Name of Employer Autoridad de Carreteras Occupation Human Resources Specialist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
430.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10439

Amount of Each Receipt this Period
250.00

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

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

2875.00

**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 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Mailing Address PO Box 195183

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **825.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11Al.10435

Amount of Each Receipt this Period
125.00

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

Mailing Address PO Box 195183

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **925.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11Al.10633

Amount of Each Receipt this Period
100.00

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

Mailing Address 2 Dorado BCH. E

City Dorado State PA Zip Code 00646

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

Name of Employer Self-Employed Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11Al.10319

Amount of Each Receipt this Period
250.00

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

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

475.00

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

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

FOR LINE NUMBER: PAGE 19 OF 133
(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)
Ina Cortes Rios

Mailing Address **PO Box 9009**

City **Ponce** State **PR** Zip Code **00732**

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.10313

Amount of Each Receipt this Period
2000.00

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

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

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2425.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.10285

Amount of Each Receipt this Period
1600.00

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
4836.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.10551

Amount of Each Receipt this Period
200.00

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

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

3800.00

**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 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Carlos Crespo Claudio

Mailing Address Urb. Altos de la Fuente
C2 6th. St.

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period
 800.00

B. Full Name (Last, First, Middle Initial)
Carlos Crespo Claudio

Mailing Address Urb. Altos de la Fuente
C2 6th. St.

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.10627

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Ivette Cruz Pagan

Mailing Address PO Box 6798

City San Juan State PR Zip Code 00914

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

Name of Employer Occupation
 Academia de Psiquiatria de PR Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.10512

Amount of Each Receipt this Period
 100.00

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

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

1100.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.10351

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 133
	<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)
Apolinar De los Santos Matas

Mailing Address Santa Juanita Avenue
Esq. Alfa St. #52

City Bayamon State PR Zip Code 00952

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

Name of Employer self-employed Occupation Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10462

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Iraida Del Rio Rodriguez

Mailing Address El Monte 3166
3166 Marbella St.

City Ponce State PR Zip Code 00716

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

Name of Employer Primary Medical Group Occupation Doctor

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 / 23 / 2012

Transaction ID : SA11AI.9911

Amount of Each Receipt this Period
2500.00

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

Mailing Address Marbella 61

City San Juan State PR Zip Code 00911

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.9922

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....	4750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Mailing Address Road 351 # 3230

City Mayaguez State PR Zip Code 00682

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

Name of Employer self employed Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.9919

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Paolo Di Rosa

Mailing Address 3257 Worthington St. NW

City Washington State DC Zip Code 20015

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

Name of Employer Arnold & Porter Occupation Partner

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 / 19 / 2012

Transaction ID : SA11AI.10546

Amount of Each Receipt this Period
500.00

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

Mailing Address 2809 Valley Dr.

City Alexandria State VA Zip Code 22302

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

Name of Employer Winston Strawn Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2012

Transaction ID : SA11AI.10518

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 133
	<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. Maureen Frazier		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 224 Euclid Ave.		Transaction ID : SA11AI.10527
City Albany	State NY Zip Code 12208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Luisa Virginia Fuster Berlinger		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address Cond. Villa Caparra Tower PH 1 A St. # 44		Transaction ID : SA11AI.10463
City Guaynabo	State PR Zip Code 00966-2235	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) C. Juan Garcia Castro		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address Urb. Sans Souci K-9 Calle 1		Transaction ID : SA11AI.10339
City Bayamon	State PR Zip Code 00956	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Medical Doctor	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10527

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 133
	<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)
Juan Garcia Castro

Mailing Address Urb. Sans Souci
K-9 Calle 1

City Bayamon State PR Zip Code 00956

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11Al.10811

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 11591

City San Juan State PR Zip Code 00910-2691

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

Name of Employer self employed Occupation Architect

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 / 27 / 2012

Transaction ID : SA11Al.10644

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Carlos E. Girod Morales

Mailing Address PO Box 13617

City San Juan State PR Zip Code 00908

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
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11Al.10455

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 133
	<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)
Martin Gonzalez Luna

Mailing Address Urb. Panorama
A2 Calle 2

City Bayamon State PR Zip Code 00957-4379

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
464.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11Al.10526

Amount of Each Receipt this Period
100.00

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

Mailing Address Box 1315

City Bayamon State PR Zip Code 00960

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

Name of Employer Self-Employed Occupation Certified Public Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11Al.10673

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Damian Grovas Abad

Mailing Address Senderos de Montehiedra
27 6th St.

City San Juan State PR Zip Code 00926

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

Name of Employer Medical Center of Puerto Rico Occupation Medical Doctor

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 / 30 / 2012

Transaction ID : SA11Al.10283

Amount of Each Receipt this Period
2300.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 133
	<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)
Ivan Hernandez Lopez

Mailing Address Urb. Golden Gate
43 Esmeralda St.

City State Zip Code
Guaynabo PR 00968

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

Name of Employer Occupation
Ivan A. Hernandez & Associates Architect

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 / 18 / 2012

Transaction ID : SA11AI.10552

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Peter N. Hiebert

Mailing Address 3207 Rolling Rd PH 301

City State Zip Code
Chevy Chase MD 20815-4035

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

Name of Employer Occupation
Winston Strawn Attorney

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 / 31 / 2012

Transaction ID : SA11AI.10299

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Javier Inclan Aponte

Mailing Address Calle 5 J9
Parque de San Ignacio

City State Zip Code
San Juan PR 00921

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
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2012

Transaction ID : SA11AI.10785

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Luis Raul Irizarry Cuebas

Mailing Address Recinto Sur St. esq. Tanca St.

City San Juan State PR Zip Code 00901

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

Name of Employer self employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10470

Amount of Each Receipt this Period
125.00

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

Mailing Address 1477 Evans Farm Drive

City Mc Lean State VA Zip Code 22101-5655

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

Name of Employer Winston and Strawn Occupation Attorney

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 / 30 / 2012

Transaction ID : SA11AI.10509

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alicia Lamboy Mombille

Mailing Address 801 Guatemala St.
Urb. Las Americas

City San Juan State PR Zip Code 00921

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

Name of Employer Goldman, Antonetti & Cordova 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 / 18 / 2012

Transaction ID : SA11AI.10503

Amount of Each Receipt this Period
250.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 133
	<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)
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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 20 / 2012

Transaction ID : SA11AI.10346

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 3146

City Mayaguez State PR Zip Code 00681

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.9904

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Michell Lugo Diaz

Mailing Address 600 Jesus T Pinero Ave.
2403 Cond. parque de Loyola

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.10536

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 133
	<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 Mangual

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

City Carolina State PR Zip Code 00797

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

Name of Employer Kikuet Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11Al.10555

Amount of Each Receipt this Period
500.00

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

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

City San Juan State PR Zip Code 00918-4628

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : SA11Al.10559

Amount of Each Receipt this Period
100.00

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

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

City San Juan State PR Zip Code 00918-4628

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : SA11Al.10564

Amount of Each Receipt this Period
50.00

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

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

650.00

**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 32 OF 133
	<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)
Marcos Matta

Mailing Address Urb. Brisas del Mar
J23 2nd St.

City Luquillo State PR Zip Code 00773

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.10622

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Rafael Medina Rivera

Mailing Address Carmen Hills Ballin Blvd.

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.10544

Amount of Each Receipt this Period
300.00

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

Mailing Address Paseo Los Corales
633 Mar de Bearing

City Dorado State PR Zip Code 00646

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10767

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 33 OF 133
	<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. Maria Melendez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address Urb. Garcia Calle D-36		Transaction ID : SA11AI.10488
City San Juan	State PR Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unemployed	Occupation Retired	
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) B. Maria Melendez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address Urb. Garcia Calle D-36		Transaction ID : SA11AI.10625
City San Juan	State PR Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Unemployed	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00	

Full Name (Last, First, Middle Initial) C. Milagros Mendez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address PO Box 8659		Transaction ID : SA11AI.10353
City San Juan	State PR Zip Code 00910	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self-Employed	Occupation Retailer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 133	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Milagros Mendez

Mailing Address PO Box 8659

City San Juan State PR Zip Code 00910

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

Name of Employer Self-Employed Occupation Retailer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.10356

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 190476

City San Juan State PR Zip Code 00919-0476

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

Transaction ID : SA11AI.10406

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ferdinand Mercado Ramos

Mailing Address Executive Tower, Suite 903 B
623 Ponce de Leon Ave.

City San Juan State PR Zip Code 00918

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.10326

Amount of Each Receipt this Period
500.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 133
	<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)
Cesar Miranda

Mailing Address **PO Box 9022534**

City **San Juan** State **PR** Zip Code **00902-2534**

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 **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.9907

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Manuel D. Montalvo

Mailing Address **1733 Ave. Jesus T. Pinero**

City **San Juan** State **PR** Zip Code **00918**

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

Name of Employer **self employed** Occupation **Certified Public Accountant**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.10799

Amount of Each Receipt this Period
500.00

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

Mailing Address **C24 Urb. Garcia**

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2012

Transaction ID : SA11AI.10449

Amount of Each Receipt this Period
300.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 133
	<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)
Enid Munoz Suarez

Mailing Address **PO Box 363507**

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

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.10296

Amount of Each Receipt this Period
1500.00

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

Mailing Address **4656 Garfield St.**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.10363

Amount of Each Receipt this Period
500.00

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

Mailing Address **PO Box 360964**

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

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

Name of Employer **Sucesion J.A. Nadal-Geigel** Occupation **Administrator**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10438

Amount of Each Receipt this Period
125.00

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

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

2125.00

: 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.10363

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 133	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Gilda Nadal		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address PO Box 360964		Transaction ID : SA11AI.10651
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sucesion J.A. Nadal-Geigel	Occupation Administrator	Election Cycle-to-Date 525.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Jose Najul Zambrana		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address PO Box 1868		Transaction ID : SA11AI.10525
City Arecibo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Medical Doctor	Election Cycle-to-Date 250.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Sally Narvaez Ortiz		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address Calle 4 G-13 Ext. Colinas Verdes		Transaction ID : SA11AI.10797
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Reichard & Escalera	Occupation Assistant	Election Cycle-to-Date 500.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	800.00
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 39 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Maria J. Oquendo Delgado

Mailing Address PO Box 9021712

City San Juan State PR Zip Code 00902-1712

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

Name of Employer: **Empresas Intec Puerto Rico** Occupation: **President**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **1095.00**

Date of Receipt: **10 / 18 / 2012**

Transaction ID : SA11AI.10497

Amount of Each Receipt this Period: **250.00**

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

Mailing Address PO Box 9121

City Humacao State PR Zip Code 00792

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: **10 / 19 / 2012**

Transaction ID : SA11AI.10479

Amount of Each Receipt this Period: **250.00**

C. Full Name (Last, First, Middle Initial)
Pedro Ortiz Alvarez

Mailing Address PO Box 9009

City Ponce State PR Zip Code 00732

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: **2000.00**

Date of Receipt: **10 / 25 / 2012**

Transaction ID : SA11AI.10085

Amount of Each Receipt this Period: **2000.00**

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

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

2500.00

**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 40 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Edison Osorio Cueva		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012	
Mailing Address PO Box 169		Transaction ID : SA11AI.10304	
City Rincon	State PR	Zip Code 00677	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Medical Doctor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. Orlando J. Perez Rodriguez		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address Villas de Parana S8-15 Street 8		Transaction ID : SA11AI.10334	
City San Juan	State PR	Zip Code 00926	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer UBS	Occupation Consultant		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) C. Yoly Prohias		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012	
Mailing Address PO Box 192273		Transaction ID : SA11AI.10626	
City San Juan	State PR	Zip Code 00919	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Chef		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2317.24		

SUBTOTAL of Receipts This Page (optional).....	_____ 1400.00
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 41 OF 133
	<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)
Caridad M. Purcell Ruiz

Mailing Address Cond. Parque de Las Fuentes
690 Cesar Gonzalez Apto. 1402

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.10770

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Caridad M. Purcell Ruiz

Mailing Address Cond. Parque de Las Fuentes
690 Cesar Gonzalez Apto. 1402

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.10540

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Edwin Quinones Porrata

Mailing Address Urb. Garden Hills Z21
Hasting St.

City Guaynabo State PR Zip Code 00966

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

Name of Employer Quinones & Arbona 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
 10 / 18 / 2012

Transaction ID : SA11AI.10464

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 133
	<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)
Miguel Ramirez Cuevas

Mailing Address PO Box 8921

City San Juan State PR Zip Code 00910

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2012

Transaction ID : SA11AI.10562

Amount of Each Receipt this Period
25.00

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

Mailing Address PMB 104
8485 Los Romeros Ave.

City San Juan State PR Zip Code 00926

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.10332

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jose Rivera Badui

Mailing Address Jardines de Arroyo
A 119 Calle Cc

City Arroyo State PR Zip Code 00714

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

Name of Employer Self-Employed Occupation Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012

Transaction ID : SA11AI.10788

Amount of Each Receipt this Period
250.00

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

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

775.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.10332

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Luis Rivera Cabrera		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2012	
Mailing Address PO Box 9023826		Transaction ID : SA11AI.10554	
City San Juan	State PR	Zip Code 00902	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Mae Rivera Janer		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 554 Perseo St. Apt 1101		Transaction ID : SA11AI.10491	
City San Juan	State PR	Zip Code 00920	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
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 775.00		

Full Name (Last, First, Middle Initial) C. Mae Rivera Janer		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2012	
Mailing Address 554 Perseo St. Apt 1101		Transaction ID : SA11AI.10336	
City San Juan	State PR	Zip Code 00920	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
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 975.00		

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 133	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Carlos Rodriguez

Mailing Address Box 10208

City San Juan State PR Zip Code 00922

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

Transaction ID : SA11AI.10349

Amount of Each Receipt this Period
500.00

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

Mailing Address PMB 400 701-1

City San Juan State PR Zip Code 00907

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

Name of Employer Occupation
Self-Employed Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.10522

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gamaliel Rodriguez Mercado

Mailing Address Palacios de Escorial Edif. 1
Apto. 1-10

City Carolina State PR Zip Code 00987

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10430

Amount of Each Receipt this Period
250.00

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

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

1000.00

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A =N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10349

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

Form/Schedule: SA11AI

Transaction ID: SA11AI.10430

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 133
	<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)
Alfonso Rodriguez Ramos

Mailing Address **Atalaya D-12**
La Arboleda

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

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

Name of Employer _____ Occupation _____

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 / 23 / 2012

Transaction ID : SA11AI.10543

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tomas Roman Santos

Mailing Address **Qtas. de Cupey**
14 St. Apto. F207

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

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

Name of Employer **Fiddler, Gonzalez & Rodriguez** Occupation **Attorney**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.10606

Amount of Each Receipt this Period
250.00

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

Mailing Address **446 West Mount Airy Ave.**

City **Philadelphia** State **PA** Zip Code **19119**

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

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.10520

Amount of Each Receipt this Period
250.00

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

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

1000.00

: 97 `A =G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFHZG7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: SA11AI**Transaction ID :** SA11AI.10543

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

Form/Schedule: SA11AI**Transaction ID:** SA11AI.10520

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 133
	<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. Nilda Saldana Egozcue		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address Cond Park Terrace 1501 Ashford Ave. Apt. 5		Transaction ID : SA11AI.10474
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation	
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) B. Maria L. Santaella Arguinzoni		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address PO Box 366676		Transaction ID : SA11AI.10590
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 268.71
Name of Employer unemployed	Occupation Retired	In-kind - Fundraising decoration expenses
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3297.12	

Full Name (Last, First, Middle Initial) C. Maria L. Santaella Arguinzoni		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address PO Box 366676		Transaction ID : SA11AI.10589
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 399.60
Name of Employer unemployed	Occupation Retired	In-kind - Fundraising Rentals-chairs and tables
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3696.72	

SUBTOTAL of Receipts This Page (optional).....	793.31
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 -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10474

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 133
	<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)
Maria L. Santaella Arguinzoni

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3801.47

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.10595

Amount of Each Receipt this Period
104.75

In-kind - Fundraising meals

B. Full Name (Last, First, Middle Initial)
Maria L. Santaella Arguinzoni

Mailing Address PO Box 366676

City San Juan State PR Zip Code 00936

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

Name of Employer unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4601.47

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.10591

Amount of Each Receipt this Period
800.00

In-kind - Fundraising Meals and Beverages

C. Full Name (Last, First, Middle Initial)
Maria del Socorro Santaella Arguinzoni

Mailing Address PO Box 9023148

City San Juan State PR Zip Code 00902

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

Name of Employer IUPR-Law School 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 / 18 / 2012

Transaction ID : SA11AI.10505

Amount of Each Receipt this Period
250.00

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

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

1154.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 133
	<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)
Juan Santiago Alvarado

Mailing Address **PO Box 771**

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

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

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.10781

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Yasmin Santiago Zayas

Mailing Address **Parkville Wilson N-21**

City **Guaynabo** State **PR** Zip Code **00969**

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 _____

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10548

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Jose R. Santos

Mailing Address **Box 8396**

City **Humacao** State **PR** Zip Code **00792**

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 _____

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10676

Amount of Each Receipt this Period

125.00

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

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

925.00

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10781

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Julio A. Santos		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2012	
Mailing Address Urb. La Colina B, #6 Los Filtros		Transaction ID : SA11AI.10317	
City Guaynabo	State PR	Zip Code 00969	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer Occupation		Election Cycle-to-Date 800.00	
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. Jose Silva Cofresi		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012	
Mailing Address Urb. Montehiedra 73 Carpintero St.		Transaction ID : SA11AI.10603	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation Fiddler, Gonzalez & Rodriguez Lawyer		Election Cycle-to-Date 300.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Lorelei Simonet Albers		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address PO Box 1842		Transaction ID : SA11AI.10321	
City Mayaguez	State PR	Zip Code 00681	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer Occupation		Election Cycle-to-Date 600.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00	

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

: 97 `A =G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10317

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

Form/Schedule: SA11AI

Transaction ID: SA11AI.10321

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Jose Sobrino Catoni		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address Tore San Pablo Suite 503		Transaction ID : SA11AI.9914
City Bayamon	State PR	
Zip Code 00961	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer self employed	Occupation Physician	Election Cycle-to-Date 2000.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Jaime Sorrentini		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address Apartado 29997		Transaction ID : SA11AI.10533
City San Juan	State PR	
Zip Code 00926	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Election Cycle-to-Date 300.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Jose Sosa Llorens		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2012
Mailing Address Box 363507		Transaction ID : SA11AI.10601
City San Juan	State PR	
Zip Code 00936	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Fiddler, Gonzalez & Rodriguez	Occupation Attorney	Election Cycle-to-Date 500.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10533

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Luis Sotomayor Agosto

Mailing Address **Box 26900 Carr. 743**
Bo. Vega

City **Cayey** State **PR** Zip Code **00736**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.10310

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Rafael Stella Ferrer

Mailing Address **PO Box 1600 Suite 864**

City **Cidra** State **PR** Zip Code **00739-1600**

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

Name of Employer Occupation
Maristella, Inc. Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.9873

Amount of Each Receipt this Period
2000.00

Contribution via ACH

C. Full Name (Last, First, Middle Initial)
Roberto Suarez Sein

Mailing Address **Bolivia Street 33, 5th Floor**

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

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

Name of Employer Occupation
Self-Employed Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.10294

Amount of Each Receipt this Period
1500.00

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

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

6000.00

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.10310

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 133
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial)
Luis C. Torrellas Perrier

Mailing Address **PO Box 215**

City **Humacao** State **PR** Zip Code **00792**

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

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

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 / 27 / 2012

Transaction ID : SA11AI.10646

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Luis C. Torrellas Ruiz

Mailing Address **Calle Dufresne 5**

City **Humacao** State **PR** Zip Code **00791**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2012

Transaction ID : SA11AI.10671

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Esther Torres Marcano

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.10337

Amount of Each Receipt this Period
700.00

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

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

1300.00

: 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.10337

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 133
	<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)
Viridiana Vazquez McLeary

Mailing Address Urb. Juan Ponce de Leon
164 23th St.

City Guaynabo State PR Zip Code 00969

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10448

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Juan M. Vidal

Mailing Address Urb. Baldrich
211 Agustin Stahl St.

City San Juan State PR Zip Code 00918

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
485.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.10341

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
Zulma A. Vilella Garcia

Mailing Address Urb. Torrimar Bambu St. L-4

City Guaynabo State PR Zip Code 00966

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

Name of Employer Occupation
unemployed Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.10489

Amount of Each Receipt this Period
250.00

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

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

560.00

: 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.10448

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 64 OF 133
(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)
Zulma A. Vilella Garcia

Mailing Address Urb. Torrimar L-4
Calle Bamboo Dr.

City Guaynabo State PR Zip Code 00966

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.10335

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Rosa Villamil Durand

Mailing Address PO Box 11873

City San Juan State PR Zip Code 00910

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

Name of Employer Unemployed Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.10456

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
John A. Waits

Mailing Address 6609 Persimmon Tree Rd.

City Cabin John State MD Zip Code 20818-1217

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

Name of Employer Winston Strawn Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2012

Transaction ID : SA11AI.10519

Amount of Each Receipt this Period
250.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 65 OF 133
(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)
Paul Weiss

Mailing Address 5343 32nd St.NW

City Washington State DC Zip Code 20015-1359

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

Name of Employer Prime Policy Group Occupation Director

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 / 23 / 2012

Transaction ID : SA11AI.10365

Amount of Each Receipt this Period
500.00

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

Mailing Address 592 Cesar Gonzalez Apt. 1312

City San Juan State PR Zip Code 00918

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 / 18 / 2012

Transaction ID : SA11AI.10433

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 191783

City San Juan State PR Zip Code 00919-1783

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

Name of Employer Frank Zorrilla Law Office Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.9875

Amount of Each Receipt this Period
1000.00

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

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

1750.00

68225.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
INDEPENDENT ACTION INC

Mailing Address 16 19 13TH STREET, NW

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00139741

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11C.10288

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

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 67 OF 133
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Mailing Address PO Box 1253

City Cidra State PR Zip Code 00739

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : SA15.10818

Amount of Each Receipt this Period
 400.00

Radio Reimbursements

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).....

400.00

400.00

**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 68 OF 133			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.10711
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Charges	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. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 199.50 Transaction ID : SB17.10725
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank Charges	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. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 227.24 Transaction ID : SB17.10734
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement BPPR Merchant DR MBS 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 <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	441.74
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 69 OF 133	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 148.70
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement BPPR Merchant DR MBS Fee	Transaction ID : SB17.10735
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. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 6.95
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement American Express Collection	Transaction ID : SB17.10759
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) C. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 15.00
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement American Express Collection	Transaction ID : SB17.10835
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:		

SUBTOTAL of Disbursements This Page (optional).....	170.65
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 70 OF 133	
	<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 / 18 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 2170.00 Transaction ID : SB17.10693
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 3940.00 Transaction ID : SB17.10697
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 680.00 Transaction ID : SB17.10712
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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6790.00
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 : SB17.10693

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

Form/Schedule: SB17

Transaction ID: SB17.10697

Meals and gas expenses for campaign activities, 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 : SB17.10712

Meals and gas expenses for campaign activities, 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 73 OF 133	
	<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 11 / 01 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 590.00 Transaction ID : SB17.10731
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 11 / 02 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 1360.00 Transaction ID : SB17.10742
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign acts from Nov. 2-3	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 422.50 Transaction ID : SB17.10745
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Reimbursement-Campaign Closing Act. Expenses-Meals and Beverages	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).....	2372.50
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 : SB17.10731

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

Form/Schedule: SB17

Transaction ID: SB17.10742

Meals and gas expenses for campaign activities, 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 : SB17.10745

Original vendor: Sheraton Hotel & Resorts, 200 Convention Boulevard San Juan, Puerto Rico 00907. Amount: \$211.25 Purpose: Hotel Room for campaign team activity. Date: Nov/02/2012 Other 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 76 OF 133	
	<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 11 / 02 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.10746
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Meals for campaign activity	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Luis Calderon Navarro		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 680.00 Transaction ID : SB17.10753
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activity on Nov. 5	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 11 / 05 / 2012
Mailing Address PO Box 315		Amount of Each Disbursement this Period 680.00 Transaction ID : SB17.10754
City Loiza	State PR	
Zip Code 00772	Purpose of Disbursement Transportation-Gas for campaign vehicles expenses; Meals expenses for campaign activity on Nov. 5	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).....	1560.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10746

Meals for campaign team on campaign activity. Disbursements under \$200 aggregated to original vendor.

Form/Schedule: SB17

Transaction ID: SB17.10753

Meals and gas expenses for campaign activities, 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 : SB17.10754

Meals and gas expenses for campaign activities, 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 79 OF 133			
	<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. Central 12		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 14450.00 Transaction ID : SB17.10703
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Campaign Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Central 12		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 10352.00 Transaction ID : SB17.10704
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Campaign Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Central 12		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 35500.00 Transaction ID : SB17.10706
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Campaign Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60302.00
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 80 OF 133			
	<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. Central 12		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.10715
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Campaign Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Central 12		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.10716
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Radio ads 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Central 12		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 8000.00 Transaction ID : SB17.10760
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement TV Ad. 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	28000.00
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 81 OF 133	
	<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. Central 12		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		Amount of Each Disbursement this Period 1540.00 Transaction ID : SB17.10761
City Guaynabo State PR Zip Code 00968	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Francisco Chevere Mourino		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P.O. Box 364225		Amount of Each Disbursement this Period 217.16 Transaction ID : SB17.10368
City San Juan State PR Zip Code 00936	Purpose of Disbursement In-kind - Fundraising Expenses-Meals	
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. Jose Cruz		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO Box 443		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.10719
City Juncos State PR Zip Code 00777	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3617.16
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 82 OF 133			
	<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. Cumbre 1470			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address Apartado 1210			Amount of Each Disbursement this Period 640.00
City Orocovis	State PR	Zip Code 00720	Transaction ID : SB17.10844
Purpose of Disbursement Radio Ads.		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Ivelisse De Jesus			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address PO Box 367921			Amount of Each Disbursement this Period 448.97
City San Juan	State PR	Zip Code 00936-7921	Transaction ID : SB17.10722
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 <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Ivelisse De Jesus			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO Box 367921			Amount of Each Disbursement this Period 500.00
City San Juan	State PR	Zip Code 00936-7921	Transaction ID : SB17.10721
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:			

SUBTOTAL of Disbursements This Page (optional).....	1588.97
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10722

Reimbursement of fundraiser expenses. Original vendors: Costo Wholesales, 1185 65th Infantry Ave. San Juan, Bairoa Ward, Puerto Rico 00924. Amount: \$204.47 for beverages. Date: 10/27/2012. Sams Club, 6543 Plaza Escorial Bo. San Anton Carr. 3 Carolina, Puerto Rico 00987. Amount: 244.50. Date: 10/27/2012 for meals and beverages.

Form/Schedule: SB17

Transaction ID: SB17.10721

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.

**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 84 OF 133		
	<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 11 / 15 / 2012
Mailing Address PO Box 367921		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10849
City San Juan	State PR	
Zip Code 00936-7921	Purpose of Disbursement Meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Carl Gibbs Acosta		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Cape Village B-4 Buzon 110		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.10730
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:	

Full Name (Last, First, Middle Initial) c. Richard Guzman Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.10833
City Hato Rey	State PR	
Zip Code 00917	Purpose of Disbursement	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).....	3560.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: **SB17**

Transaction ID : **SB17.10849**

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: **SB17.10833**

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.

**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 86 OF 133			
	<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 11 / 02 / 2012
Mailing Address 112 Paris St. Urb. Floral Park		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10755
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Vehicle Rental Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Miguel Hernandez Agosto		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Apartado 367746		Amount of Each Disbursement this Period 4650.00 Transaction ID : SB17.10839
City San Juan State PR Zip Code 00936-7746	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Gabriel Laborde		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address Urb. Rio Piedras Heights Tinto Street 1679		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.10756
City San Juan State PR Zip Code 00926	Purpose of Disbursement Meals and gas expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5400.00
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 : **SB17.10755**

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 one (credit to past-due invoic of \$200) activities car rental.

Form/Schedule: **SB17**

Transaction ID: **SB17.10756**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 133	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Javier J Lamboy Hernandez			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 3022.50	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.10717	
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. Javier J Lamboy Hernandez			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012	
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2			Amount of Each Disbursement this Period 614.17	
City San Juan	State PR	Zip Code 00917	Transaction ID : SB17.10841	
Purpose of Disbursement Meals and gas expenses		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Israel Morales Alicea			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012	
Mailing Address Terranova 4B9 St.			Amount of Each Disbursement this Period 1860.00	
City Guaynabo	State PR	Zip Code 00969	Transaction ID : SB17.10764	
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).....	5496.67
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 : SB17.10841

Reimbursement of meal and gas expenses made by Mr. Lamboy on campaign duties such as, attending to meetings and fundraising activities. Disbursements over \$200 aggregated: Original vendor: Shell Baldrich, Coll y Toste St. Hato Rey, Puerto Rico 00918 Amount: \$22.41 made on 10/24/2012, \$25.76 on 09/13/2012 and \$7.52 on 09/06/2012. Purpose: Gas and meals expenses. Other 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 90 OF 133	
	<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 / 31 / 2012
Mailing Address 2 Cond. San Francisco VLG Apt. 109		Amount of Each Disbursement this Period 3022.50 Transaction ID : SB17.10727
City Carolina	State PR	
Zip Code 00987-6950	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. One Link Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address PO Box 192296		Amount of Each Disbursement this Period 262.53 Transaction ID : SB17.10733
City San Juan	State PR	
Zip Code 00919-2296	Purpose of Disbursement Office Rentals-Internet and Phones	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. Ivonne Otero Santiago		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Calle 2 #77 Urb. Paseo Alto		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10728
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:	

SUBTOTAL of Disbursements This Page (optional).....	5285.03
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 91 OF 133			
	<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. Panaderia y Reposteria Las Americas		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address Calle Paris Esquina Calle America Urb. Floral Park		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10709
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Fundraising Expenses-Rental 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Panaderia y Reposteria Las Americas		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address Calle Paris Esquina Calle America Urb. Floral Park		Amount of Each Disbursement this Period 453.97 Transaction ID : SB17.10710
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Fundraising Expenses-Meals 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Panaderia y Reposteria Las Americas		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address Calle Paris Esquina Calle America Urb. Floral Park		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10707
City Hato Rey State PR Zip Code 00917	Purpose of Disbursement Fundraising Expenses-Rental 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1453.97
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 92 OF 133			
	<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. Panaderia y Reposteria Las Americas			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012		
Mailing Address Calle Paris Esquina Calle America Urb. Floral Park			Amount of Each Disbursement this Period 297.67		
City Hato Rey	State PR	Zip Code 00917	Transaction ID : SB17.10766		
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. Radio Isla			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012		
Mailing Address PMB 152 100 Grand Paseos Blvd. Suite 112			Amount of Each Disbursement this Period 642.00		
City San Juan	State PR	Zip Code 00926	Transaction ID : SB17.10723		
Purpose of Disbursement Radio Advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Juan Ramos Berrios			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012		
Mailing Address 25 J-16 St. Jardines de Country Club			Amount of Each Disbursement this Period 525.00		
City Carolina	State PR	Zip Code 00983	Transaction ID : SB17.10762		
Purpose of Disbursement Motor Home 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).....	1464.67
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 : SB17.10762

Mr. Berrios is owner of a Motor-Homes rented by Cox Alomar 2012, Inc. for the Campaign Closing Activity.

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 94 OF 133	
	<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 / 18 / 2012
Mailing Address 1406 Magdalena Ave.		Amount of Each Disbursement this Period 1376.40 Transaction ID : SB17.10696
City San Juan State PR Zip Code 00907	Purpose of Disbursement Fundraising Expenses-Meals and Beverages 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. A. Miguel Rios		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.10718
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Music Vehicle Rental 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. A. Miguel Rios		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address Valle Verde II Ap-1 Rio Maravilla Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10752
City Bayamon State PR Zip Code 00961	Purpose of Disbursement Sound Vehicle Rental 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4976.40
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.10718**

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: **SB17.10752**

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 one activity (credit of \$350 on invoices past-due) 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 96 OF 133			
	<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 / 31 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.10729
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. Carmen Angeles Rodriguez Weber		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Cond. Torre de los Frailes Apt. 11 J		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.10732
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Gas expenses Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.10705
City San Juan State PR Zip Code 00919	Purpose of Disbursement Travel Expenses-Gas 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:		

SUBTOTAL of Disbursements This Page (optional).....	2220.00
TOTAL This Period (last page this line number only).....	

: 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: SB17

Transaction ID : SB17.10732

Reimbursement of gas expenses made by Mrs. Rodriguez assisting on campaign activities as Fundraiser Coordinator. Disbursements under \$200 aggregated to the original vendor.

Form/Schedule: SB17

Transaction ID: SB17.10705

Advance for gas expenses for campaign vehicle, 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 98 OF 133		
	<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. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1126.57 Transaction ID : SB17.10736
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10739
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement 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. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 1627.50 Transaction ID : SB17.10741
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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3254.07
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: **SB17**

Transaction ID : **SB17.10736**

Monthly reimbursement to Mr. Sanchez for gas and meals expenses made on campaign activities. Mr. Sanchez was Mr. Cox assistant. Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Purpose: toll charges. Amounts and dates: \$80 on 08/12/2012; \$30 on 7/3/2012; \$60 on 05/30/2012; \$20 on 08/05/2012; \$30 on 07/27/2012; \$30 on 7/02/2012. Other disbursements under \$200 aggregated to the original vendor.

Form/Schedule: **SB17**

Transaction ID: **SB17.10739**

Advance for campaign vehicle gas expenses. Disbursements under \$200 aggregate 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 100 OF 133	
	<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. Christopher Sanchez Ortiz		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address PO Box 194555		Amount of Each Disbursement this Period 2842.15 Transaction ID : SB17.10848
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Maria L. Santaella Arguinzoni		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 268.71 Transaction ID : SB17.10593
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Fundraising decoration expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Maria L. Santaella Arguinzoni		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 399.60 Transaction ID : SB17.10594
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Fundraising Rentals-chairs and tables	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).....	3510.46
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10848

Monthly reimbursement to Mr. Sanchez for gas and meals expenses made on campaign activities. Mr. Sanchez was Mr. Cox assistant. Original vendor: Autoexpreso, Suite 106, 1st Floor, Metro Office Bldg. Office 3 1st. St., Guaynabo, Puerto Rico 00968. Purpose: toll charges. Amounts and dates: \$20 on 8/29/2012; \$30 on 08/12/2012; \$100 on 08/06/2012; \$100 on 10/12/2012. Other 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 102 OF 133			
	<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. Maria L. Santaella Arguinzoni		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 998.94 Transaction ID : SB17.10602
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Fundraising meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Maria L. Santaella Arguinzoni		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2012
Mailing Address PO Box 366676		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.10592
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement In-kind - Fundraising Meals and Beverages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Nilda Soto Mejias		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 94.19 Transaction ID : SB17.10747
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	998.94
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 : SB17.10747

Disbursement under \$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 104 OF 133	
	<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. Nilda Soto Mejias		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10744
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Nilda Soto Mejias		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address Cond. Caguas Tower Apt 1107		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.10847
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Meals and gas expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Aurora Vaillant Cancio		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 892 General Valero St. Urb. Las Delicias		Amount of Each Disbursement this Period 460.00 Transaction ID : SB17.10713
City San Juan	State PR	
Zip Code 00924	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).....	1460.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.10744

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: SB17.10847

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 133	
	<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. Edgardo Miguel Vazquez Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 Transaction ID : SB17.10692
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Edgardo Miguel Vazquez Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 66.62 Transaction ID : SB17.10694
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Reimbursement-Meals expenses Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Edgardo Miguel Vazquez Rivera		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 2325.00 Transaction ID : SB17.10740
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4716.62
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 : SB17.10694

Reimbursement of meals expenses made by Mr. Vazquez on campaign activity. Disbursements to the 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 108 OF 133	
	<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. Edgardo Miguel Vazquez Rivera		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address Tabonuco St. B-5 suite 216 PMB-112		Amount of Each Disbursement this Period 536.85 Transaction ID : SB17.10743
City Guaynabo State PR Zip Code 00968-3022	Purpose of Disbursement Meals and gas expenses-Reimbursement Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WPAB, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address PO Box 7243		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.10737
City Ponce State PR Zip Code 00732	Purpose of Disbursement Radio Ads. Candidate Name Category/Type 004	
Office Sought: <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. WUPR		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address PO Box 868		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.10748
City Utuado State PR Zip Code 00641	Purpose of Disbursement Radio Ads. Candidate Name Category/Type 004	
Office Sought: <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).....	1736.85
TOTAL This Period (last page this line number only).....	

: 97 `A -G7 9 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: SB17

Transaction ID : SB17.10743

Reimbursement of meals and gas expenses made by Mr. Vaqquez on campaign activity. Disbursement to original vendor: Bahias Restaurant, Alfonso XIII St, Playa de Ponce, Ponce, Puerto Rico 00716. Purpose: Meals of campaign activity (Press conference and meeting with farmers). Amount: \$402.50 Date: 10/31/2012. Other 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 110 OF 133	
	<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. YP Catering		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2012
Mailing Address PO Box 192273		Amount of Each Disbursement this Period 400.00
City San Juan	State PR Zip Code 00919	
Purpose of Disbursement Fundraising Expenses-Meals	Category/Type 003	Transaction ID : SB17.10699
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	150776.70

**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 111 OF 133			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Eugenio M. Alonso			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address Urb. Baldrich 202 Tous Soto St.			Amount of Each Disbursement this Period 221.45	
City San Juan	State PR	Zip Code 00918	Transaction ID : SB20A.10850	
Purpose of Disbursement Refund of Contribution		Category/ Type 010		
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. Sergio L. Chevere Mourino			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address Urb. El Monte 3166 Marbella St.			Amount of Each Disbursement this Period 1250.00	
City Ponce	State PR	Zip Code 00716-4808	Transaction ID : SB20A.10851	
Purpose of Disbursement Refund of Contributions		Category/ Type 010		
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. Jose Ramon Cumba			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address PO Box 130			Amount of Each Disbursement this Period 500.00	
City Bayamon	State PR	Zip Code 00960	Transaction ID : SB20A.10751	
Purpose of Disbursement Refund of contribution		Category/ Type 010		
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).....	1971.45
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 112 OF 133	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

Full Name (Last, First, Middle Initial) A. Jose Fas Quinones		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Chalets de Cupey 200 Ave. Los Chalets 93 Apt. L124		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.10852
City San Juan	State PR	
Zip Code 00926	Purpose of Disbursement Refund of Contributions.	Category/ Type 010
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. Jorge L. Sanchez Colon		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Chalets de Santa Maria # 24		Amount of Each Disbursement this Period 700.00 Transaction ID : SB20A.10843
City San Juan	State PR	
Zip Code 00927	Purpose of Disbursement Refund of Contribution	Category/ Type 010
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	3671.45

**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 113 OF 133	
	<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 / 18 / 2012
Mailing Address P.O. Box 362708		Amount of Each Disbursement this Period 675.64 Transaction ID : SB21.10688
City San Juan	State PR	
Zip Code 00936-2708	Purpose of Disbursement Bank adjustment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Javier J Lamboy Hernandez		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address Carmen St. # 5 Isabelle Bldg Apt # 2		Amount of Each Disbursement this Period 645.64 Transaction ID : SB21.10689
City San Juan	State PR	
Zip Code 00917	Purpose of Disbursement Meals and gas expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	675.64
TOTAL This Period (last page this line number only).....	675.64

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

Form/Schedule: SB21

Transaction ID : SB21.10689

Reimbursement of meal and gas expenses made by Mr. Lamboy on campaign duties such as, attending to meetings and fundraising activities. Disbursements over \$200 aggregated: Original vendor: Shell Baldrich, Coll y Toste St. Hato Rey, Puerto Rico 00918 Amount: \$25.76 made on 10/16/2012, \$24.94 on 10/12/2012, \$24.82 on 10/06/2012; \$21.94 on 10/05/2012; \$16.99 on 09/08/2012; \$20.80 on 09/30/2012; \$22.00 on 09/26/2012; and 30.97 on 10/09/2012. Purpose: Gas and meals expenses. Other disbursements under \$200 aggregated to the original vendor.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address Urb. Country Club
 1100 Carmen Busello St.

City State Zip Code
 San Juan PR 00924

Nature of Debt (Purpose):
 overpayment

Outstanding Balance Beginning This Period **Transaction ID : SD9.4979**
 100.01

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

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)	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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7470	
<input type="text" value="98.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	Transaction ID : SD10.7202	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caguas Expressway Motors		Nature of Debt (Purpose): Car Rental
Mailing Address P.O Box 50045		
City	State	Zip Code
San Juan	PR	00902

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3058.00"/>
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 Luis Calderon Navarro		Nature of Debt (Purpose): hotel room expense
Mailing Address PO Box 315		
City	State	Zip Code
Loiza	PR	00772

Outstanding Balance Beginning This Period	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		Nature of Debt (Purpose): Campaign Media and Promotion
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City	State	Zip Code
Guaynabo	PR	00968

Outstanding Balance Beginning This Period	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		Nature of Debt (Purpose): Advertising Consulting Services
Mailing Address Centro Intl de Mercadeo Torre 1 Suite 406		
City	State	Zip Code
Guaynabo	PR	00968

Outstanding Balance Beginning This Period	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

Nature of Debt (Purpose):

Campaign Media and Promotion

Mailing Address Centro Intl de Mercadeo Torre 1
Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.7212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

Central 12

Nature of Debt (Purpose):

Campaign Media and Promotion

Mailing Address Centro Intl de Mercadeo Torre 1
Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10.7213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

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

Central 12

Nature of Debt (Purpose):

Campaign Media and Promotion

Mailing Address Centro Intl de Mercadeo Torre 1
Suite 406

City State Zip Code
Guaynabo PR 00968

Outstanding Balance Beginning This Period

1200.00

Transaction ID : SD10.7214

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

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

1950.00

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

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

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

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

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Central 12	Nature of Debt (Purpose): 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 Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 432.94

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 Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 -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 Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 140.00

- 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) ▶

472.93

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

Form/Schedule: SD10

Transaction ID : SD10.4256

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

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address PO Box 443

City State Zip Code
Juncos PR 00777

Nature of Debt (Purpose):
Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9854**
140.00

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

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 **Transaction ID : SD10.7490**
1227.00

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

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 **Transaction ID : SD10.5774**
220.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 220.00

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

(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 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 <input style="width:100%;" type="text" value="140.00"/>	Transaction ID : SD10.7472
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 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 <input style="width:100%;" type="text" value="140.00"/>	Transaction ID : SD10.9855
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"/>	

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 <input style="width:100%;" type="text" value="1500.00"/>	Transaction ID : SD10.10276
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1200.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="300.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="580.00"/>
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)	PAGE 124 OF 133
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

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

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

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

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

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

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

(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
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 Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 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 Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 175.00

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
210.00

Transaction ID : SD10.9853

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

- 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) ▶

2627.21

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

140.00

Transaction ID : SD10.9860

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

107.03

Transaction ID : SD10.7186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

385.50

Transaction ID : SD10.7475

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

385.50

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

632.53

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 Ernesto Morales Ramos	Nature of Debt (Purpose): Salary
Mailing Address 2 Cond. San Francisco VLG Apt. 109	
City State Zip Code Carolina PR 00987-6950	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">228.00</div>	Transaction ID : SD10.9856
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">228.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ivonne Otero Santiago	Nature of Debt (Purpose): Salary
Mailing Address Calle 2 #77 Urb. Paseo Alto	
City State Zip Code San Juan PR 00926	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">140.00</div>	Transaction ID : SD10.9859
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">140.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">351.00</div>	Transaction ID : SD10.5772
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">351.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">719.00</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

Mailing Address 1406 Magdalena Ave.

City State Zip Code
San Juan PR 00907

Nature of Debt (Purpose):
Fundraising Expenses

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

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

City State Zip Code
San Juan PR 00917

Nature of Debt (Purpose):
copy machine

Outstanding Balance Beginning This Period **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

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

City State Zip Code
San Juan PR 00917

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

Outstanding Balance Beginning This Period **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)	PAGE 129 OF 133
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor A. Miguel Rios	Nature of Debt (Purpose): 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 3250.00	Transaction ID : SD10.10273	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

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)	PAGE 130 OF 133
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
COX ALOMAR 2012 INC

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

Outstanding Balance Beginning This Period 140.00	Transaction ID : SD10.7471	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 1970.00	Transaction ID : SD10.9851	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1970.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 1970.00	Transaction ID : SD10.9850	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1970.00

1) SUBTOTALS This Period This Page (optional)	4080.00
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
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

Transaction ID : SD10.7199

-0.10

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

-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

Transaction ID : SD10.7473

105.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.9857

1500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COX ALOMAR 2012 INC

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

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

City State Zip Code
Guaynabo PR 00968-3022

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

Outstanding Balance Beginning This Period **Transaction ID : SD10.7474**
175.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 175.00

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

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

City State Zip Code
Guaynabo PR 00968-3022

Nature of Debt (Purpose):
Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.9852**
2675.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2675.00

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

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

City State Zip Code
Dorado PR 00646-2055

Nature of Debt (Purpose):
Vehicles Rental

Outstanding Balance Beginning This Period **Transaction ID : SD10.9863**
10787.66

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 10787.66

1) SUBTOTALS This Period This Page (optional)	▶	13637.66
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 133 OF 133
	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 Vias Car Rental of PR		Nature of Debt (Purpose): Campaign vehicles rental.
Mailing Address Isla Verde		
City State Carolina	Zip Code PR 00979	

Outstanding Balance Beginning This Period <input type="text" value="1803.00"/>		Transaction ID : SD10.7201	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1803.00"/>	

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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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="85812.13"/>
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="85812.13"/>