

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 37	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Mr Jaime Figueroa			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address Torrimar 17-7 Alhambra			Amount of Each Disbursement this Period 500.00	
City Guaynabo	State PR	Zip Code 00966	Transaction ID : SB20A.13078	
Purpose of Disbursement		Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Angel Mena			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address Doral Bank Plaza Suite 803			Amount of Each Disbursement this Period 2500.00	
City San Juan	State PR	Zip Code 00920	Transaction ID : SB20A.13080	
Purpose of Disbursement Refund for Contribution		Category/Type 010		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00