

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
Comite Pierluisi, Inc.

ADDRESS (number and street) PO Box 13451
 Check if different than previously reported. (ACC) San Juan PR 00908

2. **FEC IDENTIFICATION NUMBER** C C00435636 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PR

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

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2013 through 03 / 31 / 2013

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 Hector Del Rio Jimenez

Signature of Treasurer Hector Del Rio Jimenez *[Electronically Filed]* Date MM / DD / YYYY
07 / 19 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Comite Pierluisi, 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))....	34872.70	34872.70
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34872.70	34872.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56411.45	56411.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56411.45	56411.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-17349.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Comite Pierluisi, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 03 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34872.70	34872.70
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	34872.70	34872.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34872.70	34872.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34872.70	34872.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56411.45	56411.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	56411.45	56411.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4189.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34872.70
25. SUBTOTAL (add Line 23 and Line 24).....	39061.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56411.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-17349.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 32
	<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)
Comite Pierluisi, Inc.

A. Full Name (Last, First, Middle Initial)
Maria G. Burgos

Mailing Address Calle Villa Nueva #227

City Cayey State PR Zip Code 00736

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
2600.00

Memo Item retired

B. Full Name (Last, First, Middle Initial)
Mr. Jorge Calderon Gaudio

Mailing Address B5 Calle Tabonuco Suite 216

City Guaynabo State PR Zip Code 00968-3022

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

Name of Employer GMD Consulting, LLC Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
2600.00

Memo Item GMD

C. Full Name (Last, First, Middle Initial)
Jose B. Carrion Rubert

Mailing Address 20 Carrion Court Apt 601

City San Juan State PR Zip Code 00911

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

Name of Employer Carrion Laffitte y Casellas Occupation Insurance Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
2500.00

Memo Item Carrion Laffitte Casellas

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

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

7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Jose B. Carrion Rubert		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2013
Mailing Address 20 Carrion Court Apt 601		Transaction ID : SA11AI.4106
City San Juan State PR Zip Code 00911	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Carrion Laffitte Casellas
Name of Employer Carrion Laffitte y Casellas	Occupation Insurance Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) B. Jose B. Carrion Rubert		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2013
Mailing Address 20 Carrion Court Apt 601		Transaction ID : SA11AI.6720
City San Juan State PR Zip Code 00911	Amount of Each Receipt this Period -100.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Redesignate: Carrion Laffitte Casellas
Name of Employer Carrion Laffitte y Casellas	Occupation Insurance Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Jose B. Carrion Rubert		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2013
Mailing Address 20 Carrion Court Apt 601		Transaction ID : SA11AI.6721
City San Juan State PR Zip Code 00911	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item Redesignate:
Name of Employer Carrion Laffitte y Casellas	Occupation Insurance Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	[Empty]

**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 32
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Ricky Castro Ortiz		Date of Receipt MM / DD / YYYY 03 / 01 / 2013
Mailing Address PO Box 12266		Transaction ID : SA11AI.4108
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 Castro Business Enterprise	Occupation President	<input type="checkbox"/> Memo Item Castro Business Enterprise
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Mrs Cindy Deida Roman		Date of Receipt MM / DD / YYYY 01 / 14 / 2013
Mailing Address 386 Mansiones de Ciudad Jardin		Transaction ID : SA11AI.4110
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer TherapistLa Nouvell DSpa	Occupation Therapist	<input type="checkbox"/> Memo Item Le Nouvell DSpa
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Mrs Cindy Deida Roman		Date of Receipt MM / DD / YYYY 02 / 02 / 2013
Mailing Address 386 Mansiones de Ciudad Jardin		Transaction ID : SA11AI.4111
City Caguas	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1372.70
Name of Employer TherapistLa Nouvell DSpa	Occupation Therapist	<input type="checkbox"/> Memo Item Le Nouvell DSpa
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3872.70	

SUBTOTAL of Receipts This Page (optional).....	4372.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<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)
Comite Pierluisi, Inc.

A. Full Name (Last, First, Middle Initial)
Lylybeth Echandia Fuster

Mailing Address Po Box 140549

City: Arcibo State: PR Zip Code: 00614-0549

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

Name of Employer: Echeandia & Asoc. Occupation: Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 12 / 2013

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period: 2000.00

Memo Item
Echandia & Assoc.

B. Full Name (Last, First, Middle Initial)
Ramon Echandia Velez

Mailing Address PO Box 476

City: Lares State: PR Zip Code: 00669

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

Name of Employer: Self Employed Occupation: Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 12 / 2013

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period: 2000.00

Memo Item
Self Employed

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

Mailing Address 1302 Ave Ponce de Leon Suite 305

City: San Juan State: PR Zip Code: 00917

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

Name of Employer: Diversified Strategies Consult Occupation: Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 07 / 2013

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period: 2600.00

Memo Item
Diversified Strategies Cons.

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

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

6600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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)
Comite Pierluisi, Inc.

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

Mailing Address 87 Calle Trinitaria Ext Santa Mari

City State Zip Code
Guaynabo PR 00927

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

Name of Employer Occupation
Self Employed Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
500.00

Memo Item
Self Employed

B. Full Name (Last, First, Middle Initial)
Andres, Jr. Guillemard Noble Jr.

Mailing Address 1250 Ponce de Leon Ave.

City State Zip Code
San Juan PR 00907

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

Name of Employer Occupation
Nachman y Guillemard Law Offic Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
2600.00

Memo Item
Nachman & Guillemard

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

Mailing Address Coliseum Tower Apt. 1608

City State Zip Code
San Juan PR 00918

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

Name of Employer Occupation
Self Employed Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
2600.00

Memo Item
Diversified Strategies Cons.

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<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)
Comite Pierluisi, Inc.

A. Full Name (Last, First, Middle Initial)
Mr Jose Jose Pabon

Mailing Address 386 Mansiones de Ciudad Jardin

City Caguas State PR Zip Code 00727

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

Name of Employer Le Nouvelle DSpa Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2013

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
2500.00

Memo Item
Le Nouvelle DSpa

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

Mailing Address PO Box 270204

City San Juan State PR Zip Code 00927

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
2500.00

Memo Item
Self Employed

C. Full Name (Last, First, Middle Initial)
Maria S Rivero

Mailing Address Ext Santa Maria 87 Calle Trinitari

City San Juan State PR Zip Code 00927

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
500.00

Memo Item
Housewife

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Comite Pierluisi, Inc.

A. Full Name (Last, First, Middle Initial)
Lucas P. Valdivieso

Mailing Address **PO Box 1144**

City **Penuelas** State **PR** Zip Code **00624**

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

Name of Employer **Valdivieso Group** Occupation **Developer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
1000.00

Memo Item
Valdivieso Group

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

Mailing Address **Malaga 8-34, Torrimar**

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

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

Name of Employer **Oneill y Borges** Occupation **Lawyer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2013

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
1500.00

Memo Item
Oneill y Borges

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

Memo Item

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

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

2500.00

34872.70

**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 12 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Ricky's Audio Corporation,			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address Urb. Victor Rojas 1 362 Calle Amadeo			Amount of Each Disbursement this Period 900.00		
City Arecibo	State PR	Zip Code 00612	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 007		Category/ Type	Transaction ID : SB17.4135		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. B 10			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013		
Mailing Address 300 Ave. La Sierra Box 180			Amount of Each Disbursement this Period 1500.00		
City San Juan	State PR	Zip Code 00926	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 004		Category/ Type	Transaction ID : SB17.4137		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Maria Elena Carrion			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 454.40		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4141		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2854.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Maria Elena Carrion			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 537.40		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4146		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Maria Elena Carrion			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 394.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4148		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Maria Elena Carrion			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 50.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4150		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional)	981.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Maria Elena Carrion			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 75.00		
City Guaynabo	State PR	Zip Code 00966	<input type="checkbox"/> Memo Item Transaction ID : SB17.4151		
Purpose of Disbursement 002		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. ATT Cingular			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address PO Box 15067			Amount of Each Disbursement this Period 2456.06		
City San Juan	State PR	Zip Code 00902	<input type="checkbox"/> Memo Item Transaction ID : SB17.4153		
Purpose of Disbursement 001		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. ATT Cingular			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013		
Mailing Address PO Box 15067			Amount of Each Disbursement this Period 588.88		
City San Juan	State PR	Zip Code 00902	<input type="checkbox"/> Memo Item Transaction ID : SB17.4154		
Purpose of Disbursement 001		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3119.94
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 15 OF 32	
	<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)
Comite Pierluisi, Inc.

A. Corp. Data Office Computer

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22536
UPR Station

City San Juan State PR Zip Code 00931

Purpose of Disbursement 001

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2013

Amount of Each Disbursement this Period: 856.00

Memo Item

Transaction ID : SB17.4156

B. Mrs Cindy Deida Roman

Full Name (Last, First, Middle Initial)

Mailing Address 386 Mansiones de Ciudad Jardin

City Caguas State PR Zip Code 00727

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2013

Amount of Each Disbursement this Period: 1372.70

Memo Item

Transaction ID : SB17.4293

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998

Purpose of Disbursement 001

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2013

Amount of Each Disbursement this Period: 721.62

Memo Item

Transaction ID : SB17.4161

SUBTOTAL of Disbursements This Page (optional) 2950.32

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 16 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PO Box 981540			Amount of Each Disbursement this Period 551.12
City El Paso	State TX	Zip Code 79998	
Purpose of Disbursement 001	Candidate Name		<input type="checkbox"/> Memo Item Transaction ID : SB17.4162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PO Box 981540			Amount of Each Disbursement this Period 12139.88
City El Paso	State TX	Zip Code 79998	
Purpose of Disbursement 001	Candidate Name		<input type="checkbox"/> Memo Item Transaction ID : SB17.4163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Departamento De Hacienda			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address Old San Juan			Amount of Each Disbursement this Period 186.67
City San Juan	State PR	Zip Code 00901	
Purpose of Disbursement 001	Candidate Name		<input type="checkbox"/> Memo Item Transaction ID : SB17.4170
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	12877.67
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 17 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Departamento De Hacienda			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013		
Mailing Address Old San Juan			Amount of Each Disbursement this Period 52.50		
City San Juan	State PR	Zip Code 00901	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4171		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Skyvista Media,			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013		
Mailing Address 200 rafael Cordero Ave. Ste 140 PMB 108			Amount of Each Disbursement this Period 750.00		
City Caguas	State PR	Zip Code 00725	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 007		Category/ Type	Transaction ID : SB17.4173		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Francisco Mirandes			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address PO Box 10302			Amount of Each Disbursement this Period 420.00		
City San Juan	State PR	Zip Code 00922	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 007		Category/ Type	Transaction ID : SB17.4175		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1222.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Dennise Perez		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 3980.00
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4177

Full Name (Last, First, Middle Initial) B. Nancy A. Perez		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 500.00
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4179

Full Name (Last, First, Middle Initial) c. Nancy A. Perez		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 500.00
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4180

SUBTOTAL of Disbursements This Page (optional).....	4980.00
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 19 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Nancy A. Perez			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 500.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4181		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Carola Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013		
Mailing Address Gaviota C8, Tierra Alta			Amount of Each Disbursement this Period 750.00		
City Guaynabo	State PR	Zip Code 00969	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4185		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Carola Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013		
Mailing Address Gaviota C8, Tierra Alta			Amount of Each Disbursement this Period 60.00		
City Guaynabo	State PR	Zip Code 00969	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4186		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1310.00
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 20 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Carola Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013	
Mailing Address Gaviota C8, Tierra Alta			Amount of Each Disbursement this Period 780.00	
City Guaynabo	State PR	Zip Code 00969	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Candidate Name	Transaction ID : SB17.4187	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Carola Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013	
Mailing Address Gaviota C8, Tierra Alta			Amount of Each Disbursement this Period 727.50	
City Guaynabo	State PR	Zip Code 00969	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Candidate Name	Transaction ID : SB17.4188	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013	
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 681.80	
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Candidate Name	Transaction ID : SB17.4193	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional)	2189.30
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 21 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 336.57
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4196

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 266.19
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4199

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 148.88
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4202

SUBTOTAL of Disbursements This Page (optional).....	751.64
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 22 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 240.00
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 260.72
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4206
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 646.43
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1147.15
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 23 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 307.55
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4218

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 302.10
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4221

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 448.77
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4224

SUBTOTAL of Disbursements This Page (optional).....	1058.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 476.43
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4231
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 324.63
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4236
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 397.19
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4241
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1198.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 471.57
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4243
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 132.93
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4247
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 50.00
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	654.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 490.10		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4251		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 70.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4257		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 1290.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4258		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	1850.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 530.16
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4261

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 399.91
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 002	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4263

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 268.43
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement 001	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4266

SUBTOTAL of Disbursements This Page (optional).....	1198.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Tercer Piso			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013	
Mailing Address Villas del Parana S1 19 Calle 4			Amount of Each Disbursement this Period 188.22	
City San Juan	State PR	Zip Code 00926	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4271	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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 03 / 01 / 2013	
Mailing Address PO Box 362708			Amount of Each Disbursement this Period 107.75	
City San Juan	State PR	Zip Code 00936	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4277	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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 03 / 14 / 2013	
Mailing Address PO Box 362708			Amount of Each Disbursement this Period 40.00	
City San Juan	State PR	Zip Code 00936	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4278	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	335.97
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 29 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. R&B Properties		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013
Mailing Address PO Box 195577		Amount of Each Disbursement this Period 7100.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4280
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mrs Mayra Ramirez de Arellano		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 500.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4282
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mrs Mayra Ramirez de Arellano		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 500.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 32	
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Mrs Mayra Ramirez de Arellano			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013	
Mailing Address PO Box 194980			Amount of Each Disbursement this Period 2360.00	
City San Juan	State PR	Zip Code 00919	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4284	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Mrs Mayra Ramirez de Arellano			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013	
Mailing Address PO Box 194980			Amount of Each Disbursement this Period 121.98	
City San Juan	State PR	Zip Code 00919	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4285	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Hipodromo Service Station			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013	
Mailing Address Fernandez Juncos 1319, Pda. 20			Amount of Each Disbursement this Period 1675.85	
City San Juan	State PR	Zip Code 00909	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 002		Category/ Type	Transaction ID : SB17.4287	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4157.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 32			
	<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)
Comite Pierluisi, Inc.

Full Name (Last, First, Middle Initial) A. Sprint USA			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2013	
Mailing Address PO Box 660092			Amount of Each Disbursement this Period 317.83	
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4289	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Sprint USA			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013	
Mailing Address PO Box 660092			Amount of Each Disbursement this Period 1111.28	
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4290	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Sprint USA			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2013	
Mailing Address PO Box 660092			Amount of Each Disbursement this Period 550.33	
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement 001		Category/ Type	Transaction ID : SB17.4291	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1979.44
TOTAL This Period (last page this line number only).....	

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

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

Full Name (Last, First, Middle Initial) A. Sprint USA		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 317.83
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4292
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	317.83
TOTAL This Period (last page this line number only).....	55235.16