

# 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 M M / D D / Y Y Y Y in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2014 through 09 / 30 / 2014

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 M M / D D / Y Y Y Y  
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))....	44159.72	561762.68
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44159.72	556512.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	40916.91	552809.09
(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)).....	40916.91	552809.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8899.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	21597.72	491650.68
(ii) Unitemized.....	812.00	5112.00
(iii) TOTAL of contributions from individuals ▶	22409.72	496762.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21750.00	65000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	44159.72	561762.68
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	1006.80
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	44159.72	562769.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40916.91	552809.09
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	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	40916.91	558059.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5656.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44159.72
25. SUBTOTAL (add Line 23 and Line 24).....	49816.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40916.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8899.54

**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 51
	<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)  
**Mr. Rick Alcalde**

Mailing Address **Street 210 D SE**

City **Washington** State **DC** Zip Code **20003**

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

Name of Employer **Potomac Partners DC** Occupation **Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Jim Cohen**

Mailing Address **23 Trudy Lane**

City **Bedford** State **NY** Zip Code **10506**

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

Name of Employer **Self Employed** Occupation **Appraiser**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period  
**2300.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joanne Cohen**

Mailing Address **23 Trudy Lane**

City **Bedford** State **NY** Zip Code **10506**

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

Name of Employer **Self Employed** Occupation **Appraiser**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.6285**

Amount of Each Receipt this Period  
**2300.00**

Memo Item

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

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

**5100.00**

**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 51
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Hector Del Rio Jimenez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address Torre Del Cardenal 675 Sergio Cuevas Gustamante 19		<b>Transaction ID : SA11AI.6286</b>
City San Juan State PR Zip Code 00918	Amount of Each Receipt this Period 1547.72	
FEC ID number of contributing federal political committee. C	Name of Employer CPG Island Servicing Occupation Vice President	<input type="checkbox"/> Memo Item <input type="checkbox"/> In-kind -
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2297.72	

Full Name (Last, First, Middle Initial) <b>B. David De Rosa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 1513 Vermont Ave. NW		<b>Transaction ID : SA11AI.6288</b>
City Washington State DC Zip Code 20015	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Dept. of Navy Occupation Executive Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Fuentes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 513 Horn Point Dr.		<b>Transaction ID : SA11AI.6291</b>
City Annapolis State MD Zip Code 21403	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Eastport Strategies LLC Occupation Consultant	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3047.72
<b>TOTAL</b> 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 7 OF 51
	<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)  
**Jose Fuentes**

Mailing Address 513 Horn Point Dr.

City	State	Zip Code
Annapolis	MD	21403

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

Name of Employer	Occupation
Eastport Strategies LLC	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6726**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -500.00

Memo Item  
 Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**Jose Fuentes**

Mailing Address 513 Horn Point Dr.

City	State	Zip Code
Annapolis	MD	21403

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

Name of Employer	Occupation
Eastport Strategies LLC	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6727**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item  
 Redesignate:

**C.** Full Name (Last, First, Middle Initial)  
**Karen Goldmeier Green**

Mailing Address 8011 Newdale Road

City	State	Zip Code
Bethesda	MD	20814

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

Name of Employer	Occupation
Akim Gump	Attorney

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6294**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

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

\_\_\_\_\_ 250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<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)  
**Eduardo Guzman**

Mailing Address 7705 Tilghman St

City State Zip Code  
Fulton MD 20759

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

Name of Employer Occupation  
Drinker Biddle & Reach, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.6297**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2401 Calvert St. NW  
Apt. 715

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
The Oldaker Group Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.6298**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Antonio M. Longo**

Mailing Address 4014 Fort Worth Avenue

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
Physician Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

1700.00

**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 51
	<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)  
**Kevin B. Murphy**

Mailing Address 735 Pottersville Road  
PO Box 160

City Pottersville State NJ Zip Code 07979

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

Name of Employer STOP!T Occupation Senior Advisors / Shareholder

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  
 08 / 28 / 2014

**Transaction ID : SA11AI.6301**

Amount of Each Receipt this Period  
2600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James O'Drobinak**

Mailing Address 1610 Culbreaath Isles Dr.

City Tampa State FL Zip Code 33629

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6302**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Oldaker**

Mailing Address 818 Conneticut Ave NW Ste1100

City Washington State DC Zip Code 20006

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

Name of Employer Oldaker Group Occupation Attorney

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6304**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 10 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard E. Oquendo Esq**

Mailing Address 400 E 57th  
Apt 17J

City State Zip Code  
New York NY 10022

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.6306**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Roberto Pando**

Mailing Address San Edmundo 15  
Villas San Ignacio

City State Zip Code  
San Juan PR 00927

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

Name of Employer Occupation  
MCS SVP Strategy

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6308**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Luis Pizarro**

Mailing Address Cond. King Terrace 61  
Apt. 8W, Kings Court St.

City State Zip Code  
San Juan PR 00911

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

Name of Employer Occupation  
MCS VPA Government Affairs & Policy

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6312**

Amount of Each Receipt this Period  
500.00

Memo Item

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 11 OF 51

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)  
**Joseph M Salvani**

Mailing Address 3902 Amboy Rd.

City Staten Island State NY Zip Code 10308

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

Name of Employer JFS Investments of PR Occupation Chairman

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6314**

Amount of Each Receipt this Period  
 2600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joseph M Salvani**

Mailing Address 3902 Amboy Rd.

City Staten Island State NY Zip Code 10308

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

Name of Employer JFS Investments of PR Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6315**

Amount of Each Receipt this Period  
 2600.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Justin Schreiber**

Mailing Address 122 Red Maple Lane

City Mountville State PA Zip Code 17554

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

Name of Employer JLS Ventures Occupation Financial Consultant

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  
 09 / 04 / 2014

**Transaction ID : SA11AI.6317**

Amount of Each Receipt this Period  
 2600.00

Memo Item

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

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

7800.00

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

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

FOR LINE NUMBER: PAGE 12 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Raul Tapia**

Mailing Address 325 7th St. NW  
Ste. 400

City Washington State DC Zip Code 20004

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

Name of Employer C2 Group Occupation Principal

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  
 09 / 30 / 2014

**Transaction ID : SA11AI.6319**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address PO Box 13451

City San Juan State PR Zip Code 00908

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

Name of Employer Unitemized Occupation Unitemized

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1122.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
-2400.00

Memo Item

**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).....

-1900.00

21597.72

**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 51
	<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)  
**Comite Pierluisi, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**AGSH&F Civic Action Committee**

Mailing Address 1333 New Hampshire Ave. Suite 400

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6322**

Amount of Each Receipt this Period  
750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AGSH&F Civic Action Committee**

Mailing Address 1333 New Hampshire Ave. Suite 400

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6714**

Amount of Each Receipt this Period  
-750.00

Memo Item  
Redesignate:

**C.** Full Name (Last, First, Middle Initial)  
**AGSH&F Civic Action Committee**

Mailing Address 1333 New Hampshire Ave. Suite 400

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6715**

Amount of Each Receipt this Period  
750.00

Memo Item  
Redesignate:

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C.6323**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Center For Coastal Conservation PAC**

Mailing Address 701 8th St. NW  
Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00435024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6325**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Center For Coastal Conservation PAC**

Mailing Address 701 8th St. NW  
Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00435024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6723**

Amount of Each Receipt this Period  
-1000.00

Memo Item  
Redesignate:

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 51  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Center For Coastal Conservation PAC**

Mailing Address 701 8th St. NW  
Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00435024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6724**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST Corporation Political Action Committee**

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6327**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**EXCELERATE ENERGY LIMITED PARTNERSHIP PAC**

Mailing Address 1450 LAKE ROBBINS DRIVE SUITE 200

City THE WOODLANDS State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C C00541706**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6328**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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: PAGE 16 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Husch Blackwell Political Action Committee**

Mailing Address 4801 Main Ste 1000

City State Zip Code  
Kansas City MO 64112

FEC ID number of contributing federal political committee. **C C00424382**

Name of Employer Occupation

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  
 09 / 30 / 2014

**Transaction ID : SA11C.6330**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

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  
 09 / 24 / 2014

**Transaction ID : SA11C.6332**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11C.6745**

Amount of Each Receipt this Period  
 -2500.00

Memo Item  
Redesignate:

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

**A.** Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11C.6746**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 Redesignate:

Full Name (Last, First, Middle Initial)  
**New Democrat Coalition PAC**

**B.** Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.6334**

Amount of Each Receipt this Period  
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**PALLONE FOR CONGRESS**

**C.** Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11C.6336**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

7000.00

**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 51
	<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)  
**Comite Pierluisi, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PENINSULA PAC**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee. **C C00557850**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11C.6338**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU

Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11C.6339**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU

Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11C.6759**

Amount of Each Receipt this Period  
-2500.00

Memo Item  
Redesignate:

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<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)  
**Comite Pierluisi, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU

Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11C.6760**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6340**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.6764**

Amount of Each Receipt this Period  
 -1500.00

Memo Item  
Redesignate:

**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: PAGE 20 OF 51  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11C.6765**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Redesignate:

**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

Memo Item

**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).....

0.00

21750.00

**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 21 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. BDO Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 363436		Amount of Each Disbursement this Period 100.00
City San Juan	State PR	
Zip Code 00936-3436	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6341</b>
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>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address Metro Office Park Building		Amount of Each Disbursement this Period 458.22
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Travel Expense (PRP speech at UN)	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6356</b>
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>C. JetBlue Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 426.50
City Forest Hills	State NY	
Zip Code 11375	Purpose of Disbursement Transportation Expense Re: UN Decolonization Committee.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6405</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> 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 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 63.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Transportation Expense Re: UN Decolonization Committee.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6406</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick Alcalde</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address Street 210 D SE		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement In-kind -	<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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6342</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Maria Calbeto</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1395.00
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Salary	<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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6343</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1895.00
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Maria Calbeto</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2			Amount of Each Disbursement this Period 1393.00	
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.6344</b>	
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>B. Restaurante Casa Lola</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address Ave Ashford 1006			Amount of Each Disbursement this Period 116.58	
City San Juan	State PR	Zip Code 00906	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Lunch Meetings Expense Re: Fiscal Issues		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.6388</b>	
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>c. ATT Cingular</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address PO Box 15067			Amount of Each Disbursement this Period 1146.31	
City San Juan	State PR	Zip Code 00902	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Mobile Expense		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.6345</b>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2539.31
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Hector Del Rio Jimenez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address Torre Del Cardenal 675 Sergio Cuevas Gustamante 19		Amount of Each Disbursement this Period 1547.72 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6346</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement In-kind - Candidate Name Category/Type	
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>B. San Carlos Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 150 E 50th St.		Amount of Each Disbursement this Period 670.26 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6360</b>
City New York State NY Zip Code 10022	Purpose of Disbursement Travel Expense (PRP speech at UN) / Lodging Candidate Name Category/Type	
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>c. La Bodega Vasca</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address Road 19		Amount of Each Disbursement this Period 371.53 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6374</b>
City Gauynabo State PR Zip Code 00919	Purpose of Disbursement Lunch Meeting Expense RE: Political Strategy Candidate Name Category/Type	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1547.72
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Makro Media</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address Turabo Cluster Apt. 34		Amount of Each Disbursement this Period 4255.00
City Caguas	State PR	
Zip Code 00727	Purpose of Disbursement Image Consulting Service and Strategy	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6349</b>
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>B. Makro Media</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address Turabo Cluster Apt. 34		Amount of Each Disbursement this Period 4185.00
City Caguas	State PR	
Zip Code 00727	Purpose of Disbursement Image Consulting Service and Strategy	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6350</b>
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>c. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 349.11
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Reimbursement Meeting Expense - Press and Public Relations	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6351</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8789.11
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 458.22
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Travel Expense (PRP speech at UN)	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6355</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1937.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6357</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 670.26
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Travel Expense (PRP speech at UN) / Lodging	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6358</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3065.48
<b>TOTAL</b> 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 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Dennise Perez</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 1937.50		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type	Transaction ID : <b>SB17.6361</b>		
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>B. Dennise Perez</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 200.20		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Reimbursement for Lunch Meeting Expense Re: Press and Political Strategy		Category/ Type	Transaction ID : <b>SB17.6362</b>		
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>c. Nancy A. Perez</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 1860.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type	Transaction ID : <b>SB17.6364</b>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3997.70
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy A. Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6365</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
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>B. Nancy A. Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6366</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
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>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 234.25 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6367</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Sublication & NDC Membership	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3954.25
<b>TOTAL</b> 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 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 255.00
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Expense for Lunch Meeting Re: Political Strategy		Memo Item <input type="checkbox"/>
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)	<b>Transaction ID : SB17.6368</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 486.49
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Lunch Expense Re: Borinqueneers Activities & Political Strategy Meeting		Memo Item <input type="checkbox"/>
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)	<b>Transaction ID : SB17.6370</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 447.23
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Lunch Meeting Expense RE:Col. de Abogados capital punishment event & Pol. Strateg		Memo Item <input type="checkbox"/>
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)	<b>Transaction ID : SB17.6373</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1188.72
<b>TOTAL</b> 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 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 450.21
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dinner Meeting Expense Re: UN Event	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6377</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 465.52
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lunch Expenses Re: PR Affairs & UN Event	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6379</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 120.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Subscription & DNC Membership	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6384</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1035.73
<b>TOTAL</b> 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 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 84.83
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Transportation Expenses / Taxis	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6385</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 482.88
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lunch Meetings Expense Re: Municipal Strategies & Fiscal Issues	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6386</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 452.36
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Meals Meetings Expenses Re: PR Students in NY and Political Strategy.	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6389</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1020.07
<b>TOTAL</b> 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 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 228.37		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Reimbursement Meals Meetings Expenses Re: PR & Political Strategy.		Category/ Type	Transaction ID : <b>SB17.6394</b>		
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>B. Pedro R. Pierluisi</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 138.00		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Reimbursement Misc. Expense: Pins for PRP's Security Detail		Category/ Type	Transaction ID : <b>SB17.6400</b>		
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>C. Pedro R. Pierluisi</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address PMB 232 1353 Road 19			Amount of Each Disbursement this Period 471.54		
City Guaynabo	State PR	Zip Code 00966	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Reimbursement for Lunch Meeting Expense Re: Political Strategy.		Category/ Type	Transaction ID : <b>SB17.6401</b>		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	837.91
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 120.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Subscription & NDC Membership	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6403</b>

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 489.50
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Transportation Expenses Re: UN Decolonization Committee	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6404</b>

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 26.96
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Transportation Expenses - Taxis	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6407</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	636.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 478.54 <input type="checkbox"/> Memo Item
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Lunch Meetings Expenses Re: Political Strategy .		Transaction ID : <b>SB17.6408</b>
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>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 477.96 <input type="checkbox"/> Memo Item
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Meals Meetings Expenses Re: Public Relations & Political Strategy.		Transaction ID : <b>SB17.6412</b>
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>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 482.95 <input type="checkbox"/> Memo Item
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Dinner Meeting Expense Re: DC Affairs and Internship		Transaction ID : <b>SB17.6417</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1439.45
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 451.98
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Meals Meetings Expenses Re:DC Affairs and Internship & Political Strategy		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6420</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 368.45
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Dinner Expense Re: Meeting Ceiba Affairs		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6423</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 450.06
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Dinners Expenses Re: Pol. Strategy and Community Pharmacists' Event		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6426</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1270.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 100.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Subscription & NDC Membership	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6431</b>

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 233.24
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Internet Domains Payment	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6432</b>

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 408.02
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lunch Meeting Expense Re: NYC Event	
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)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	<b>Transaction ID : SB17.6433</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	741.26
<b>TOTAL</b> 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 37 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Tercer Piso</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00
City San Juan	State PR Zip Code 00926	
Purpose of Disbursement Advertising	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	<b>Transaction ID : SB17.6436</b>

Full Name (Last, First, Middle Initial) <b>B. Tercer Piso</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00
City San Juan	State PR Zip Code 00926	
Purpose of Disbursement Advertising	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	<b>Transaction ID : SB17.6437</b>

Full Name (Last, First, Middle Initial) <b>c. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 39.00
City San Juan	State PR Zip Code 00936	
Purpose of Disbursement Monthly Merchant Account Fee	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	<b>Transaction ID : SB17.6438</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1039.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6439</b>
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>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 39.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6440</b>
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>C. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6441</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.00
<b>TOTAL</b> 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 39 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 55.50
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6442</b>
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>B. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6443</b>
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>C. Mrs Mayra Ramirez de Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 32.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Reimbursement Expense / Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6444</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs Mayra Ramirez de Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 2325.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6445</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary	Category/ Type
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>B. Mrs Mayra Ramirez de Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 2325.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6446</b>
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary	Category/ Type
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>C. Avra Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 141 East 48th St.		Amount of Each Disbursement this Period 364.65 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6428</b>
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Dinners Expenses Re: Political Strategy	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4650.00
<b>TOTAL</b> 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 41 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Bienmesabe Cocina In Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 45 Calle Carazo		Amount of Each Disbursement this Period 172.87
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement Meeting Expense - Press and Public Relations		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6353</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 255.00
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Expense for Lunch Meeting Re: Political Strategy		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6369</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. El Rodaballo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address Ave. de Diego 400 Puerto Nuevo		Amount of Each Disbursement this Period 276.09
City San Juan	State PR Zip Code 00912	
Purpose of Disbursement Lunch Expense Re: Political Strategy Meeting		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6372</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 42 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. En Boga Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 308 Ave. De Diego			Amount of Each Disbursement this Period 190.64	
City San Juan	State PR	Zip Code 00920	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6381</b>	
Purpose of Disbursement Lunch Expenses Re: PR Affairs		Category/ Type		
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>B. Estadio Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 1520 14th At. NW			Amount of Each Disbursement this Period 482.95	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6419</b>	
Purpose of Disbursement Dinner Meeting Expense Re: DC Affairs and Internship		Category/ Type		
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>C. Il Tinello Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 16 West 56th Street			Amount of Each Disbursement this Period 408.02	
City New York	State NY	Zip Code 10019	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6435</b>	
Purpose of Disbursement Lunch Meeting Expense Re: NYC Event		Category/ Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 43 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. La Bodega Vasca Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address Calle Doctor Ramon Mimoso		Amount of Each Disbursement this Period 275.34
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement Lunch Meeting Expenses Re: Political Strategy		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6393</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. La Bodega Vasca Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address Calle Doctor Ramon Mimoso		Amount of Each Disbursement this Period 471.54
City Guaynabo	State PR Zip Code 00969	
Purpose of Disbursement Lunch Meeting Expense Re: Political Strategy.		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6402</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Los Pinos Cafe Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 655 Ave. Ponce de Leon		Amount of Each Disbursement this Period 75.70
City San Juan	State PR Zip Code 00907	
Purpose of Disbursement Lunch Meeting Expense RE: Col. de Abogados capital punishment event		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6376</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 44 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Lounge @ Park Hyatt Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 1201 24th Street, NW			Amount of Each Disbursement this Period 140.45	
City Washington	State DC	Zip Code 20037	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6396</b>	
Purpose of Disbursement Lunch Meeting Expense Re: Political Strategy		Category/Type		
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>B. Mana Deli Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address Plaza Dorado			Amount of Each Disbursement this Period 16.93	
City Dorado	State PR	Zip Code 00646	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6399</b>	
Purpose of Disbursement Breakfast Meeting Expense Re: Dorado Political Strategy.		Category/Type		
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>C. Matchbox Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 8th Street SE			Amount of Each Disbursement this Period 210.40	
City Washington	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6371</b>	
Purpose of Disbursement Lunch Expense Re: Borinqueneers Activities.		Category/Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Metropol Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 124 Roosevelt Ave. Hato Rey		Amount of Each Disbursement this Period 366.30
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Lunch Meetings Expense Re: Municipal Strategies		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6387</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Metropol Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 124 Roosevelt Ave. Hato Rey		Amount of Each Disbursement this Period 107.00
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Dinner Meetings Expenses Re: Fajardo Municipality Event.		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6416</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Mizumi Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 380 Calaf		Amount of Each Disbursement this Period 52.68
City San Juan	State PR Zip Code 00917	
Purpose of Disbursement Lunch Meetings Expenses Re: Political Strategy		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.6415</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 46 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. NOBU New York Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 105 Hudson St.		Amount of Each Disbursement this Period 346.14
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Lunch Meetings Expenses Re: Meeting with Funds and Credit Rating Agencies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6410</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NY Luncheonette Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 135 East 50th Street		Amount of Each Disbursement this Period 177.02
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Breakfast Meeting Expense Re: PR Students in NY.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6391</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Osteria Serafina Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 38 East 58th Street		Amount of Each Disbursement this Period 318.28
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Dinner Meeting Expense Re: Public Relations & Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6414</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 47 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Pan Comido Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address Urb. Munoz Rivera 19 Marginal Martinez Nadal		Amount of Each Disbursement this Period 70.99
City Guaynabo	State PR	
Zip Code 00969	Purpose of Disbursement Cocktail Meeting Expenses Re: PR and Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6397</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pika Pika Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address Boqueron		Amount of Each Disbursement this Period 400.25
City Cabo Rojo	State PR	
Zip Code 00622	Purpose of Disbursement Lunch Meeting Expense with Campaign Staff.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6450</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rosa Mexicano Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 153 Waterfront Street		Amount of Each Disbursement this Period 85.41
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Dinners Expenses Re: Community Pharmacists' Event in the Nat'l Harbor.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	<b>Transaction ID : SB17.6430</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 48 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Smith &amp; Wollensky Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 797 Third Ave. At 49Th Street			Amount of Each Disbursement this Period 274.88	
City New York	State NY	Zip Code 10022	Category/ Type	
Purpose of Disbursement Lunch Expenses Re: UN Event				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6383</b>	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Sonoma Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 223 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 132.40	
City Washington	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement Lunch Meetings Expenses Re: Political Strategy				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6411</b>	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Sonoma Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 223 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 191.35	
City Washington	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement Lunch Meeting Expense Re: DC Affairs and Internship				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6421</b>	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. The Capital Grille Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 601 Pennsylvania Ave. NW			Amount of Each Disbursement this Period 368.45	
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6425</b>	
Purpose of Disbursement Dinner Expense Re: Meeting Ceiba Affairs		Category/ Type		
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>B. Tras-Patio Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address Calle Uruguay 115			Amount of Each Disbursement this Period 176.24	
City San Juan	State PR	Zip Code 00918	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6354</b>	
Purpose of Disbursement Meeting Expense - Press and Public Relations		Category/ Type		
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>c. Tras-Patio Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address Calle Uruguay 115			Amount of Each Disbursement this Period 200.20	
City San Juan	State PR	Zip Code 00918	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6363</b>	
Purpose of Disbursement Lunch Meeting Expense Re: Press and Political Strategy		Category/ Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Veritas Wine Bar Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 1055 Ashford Ave.			Amount of Each Disbursement this Period 260.63	
City San Juan	State PR	Zip Code 00907	Category/ Type	
Purpose of Disbursement Dinner Meeting Expense Re: Political Strategy				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6422</b>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Villard Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 455 Madison Ave			Amount of Each Disbursement this Period 450.21	
City New York	State NY	Zip Code 10022	Category/ Type	
Purpose of Disbursement Dinner Meeting Expense Re: UN Event				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6378</b>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Roberto Rosario</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 1353 Rd. 19 PMB 232			Amount of Each Disbursement this Period 400.25	
City Guaynabo	State PR	Zip Code 00966	Category/ Type	
Purpose of Disbursement Reimbursement for Lunch Meeting Expense with Campaign Staff.				
Candidate Name			<input type="checkbox"/> Memo Item	
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)		Transaction ID : <b>SB17.6448</b>	
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	400.25
<b>TOTAL</b> 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 51 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Sprint USA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address PO Box 660092			Amount of Each Disbursement this Period 181.10	
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Connection Data Plan		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.6451</b>		
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>B. Sprint USA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address PO Box 660092			Amount of Each Disbursement this Period 309.30	
City Dallas	State TX	Zip Code 75266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Mobile Expense		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.6452</b>		
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/ Type		
Candidate Name		Transaction ID : _____		
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.40
<b>TOTAL</b> This Period (last page this line number only).....	40884.81