

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)

PMB 232, 1353 ROAD 19

Check if different than previously reported. (ACC)

GUAYNABO

PR

00966

2. FEC IDENTIFICATION NUMBER

C C00435636

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

PR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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 04 / 01 / 2014

through

M M / D D / Y Y Y Y 06 / 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

Signature of Treasurer Hector Del Rio

[Electronically Filed]

Date

M M / D D / Y Y Y Y 07 / 15 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	67400.00	530355.81
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	14320.37
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67400.00	516035.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	74037.77	652035.02
(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)).....	74037.77	652035.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5656.73	
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:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	65400.00	486405.81
(ii) Unitemized.....	0.00	-1800.00
(iii) TOTAL of contributions from individuals ▶	65400.00	484605.81
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	45750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	67400.00	530355.81
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. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	67400.00	531362.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	74037.77	652035.02
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	9320.37
(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	14320.37
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	74037.77	666355.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12294.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67400.00
25. SUBTOTAL (add Line 23 and Line 24).....	79694.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	74037.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5656.73

**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 83
	<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)  
**Jason Aguilo**

Mailing Address Calle Fray Angelico Num 7  
Urb. Bosque de los Frailes

City Guaynabo State PR Zip Code 00969

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

Name of Employer PMA Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.19764**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Francisco Artau Feliciano**

Mailing Address PO Box 2087

City Arecibo State PR Zip Code 00613-2087

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

Name of Employer First Medical Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19831**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eduardo Artau Gomez**

Mailing Address PO Box 2087

City Arecibo State PR Zip Code 00613

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19830**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Yamil J. Ayala Cruz**

Mailing Address Urb. Jardines de Caparra  
K-6 Calle 1

City Bayamon State PR Zip Code 00959

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.19718**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Juan C. Blanco Urrutia**

Mailing Address Villa Verde  
D3 calle C

City Guaynabo State PR Zip Code 00966

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19826**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Syra Blanes De Ortiz**

Mailing Address Edif Colgate Palmolive  
Suite 304

City Guaynabo State PR Zip Code 00968

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19829**

Amount of Each Receipt this Period  
 2500.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 7 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Hector Borrero**

Mailing Address Paseo del Parque  
F44

City San Juan State PR Zip Code 00926

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

Name of Employer Hector Borrero Luminatti Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19835**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Luis G. Cacho Cordero**

Mailing Address Dorado Beach East 156

City Dorado State PR Zip Code 00646

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.19782**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Mayra Carlo**

Mailing Address Galeria San Patricio  
118A

City Guaynabo State PR Zip Code 00968

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

Name of Employer Self Employed Occupation 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  
 06 / 30 / 2014

**Transaction ID : SA11AI.19834**

Amount of Each Receipt this Period  
 2500.00

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

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

6600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Francisco Carrera**

Mailing Address Calle 5 A8, Paseo Mayor  
Los Paseos

City San Juan State PR Zip Code 00926

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

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  
 05 / 28 / 2014

**Transaction ID : SA11AI.19766**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Gabriela Castiel Folch**

Mailing Address PO Box 16642

City San Juan State PR Zip Code 00908

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

Name of Employer Occupation  
Nachman & Guillemard Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.19743**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Manuel E. Chirivella Torrela**

Mailing Address San Esteban F10, San Pedro Est.

City Caguas State PR Zip Code 00725

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

Name of Employer Occupation  
Self Employed Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.19716**

Amount of Each Receipt this Period  
 1000.00

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

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

1200.00



**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 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Edgar Class**

Mailing Address 1211 13th St. NW Apt. 604

City Washington State DC Zip Code 20005

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

Name of Employer Wiley Rein LLP Occupation Special Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.19797**

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Jose A. Collazo Bonilla**

Mailing Address Edif. Profesional Menonita 307

City Aibonito State PR Zip Code 00705

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19803**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Felix Arnaldo Colon Serrano**

Mailing Address 1353 Ave. Luis Vigoreaux

City Guaynabo State PR Zip Code 00966

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.19757**

Amount of Each Receipt this Period  
 150.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Domingo Cruz Vivaldi**

Mailing Address Victor Bragger 20, Villa Caparra

City Guaynabo State PR Zip Code 00966

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

Name of Employer San Jorge Children Hospital Occupation Director

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  
 05 / 29 / 2014

**Transaction ID : SA11AI.19732**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark A. Cymrot**

Mailing Address 5309 Oakland Road

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Baker Hostetler LLP Occupation Attorney

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  
 04 / 23 / 2014

**Transaction ID : SA11AI.19796**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeanette De La Torre**

Mailing Address Urb. Levitown  
PSO Derrisol 1144

City Toa Baja State PR Zip Code 00949

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

Name of Employer Self Employed Occupation Consultant

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.19865**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Hector J. Del Rio Jimenez**

Mailing Address **Villas de San Francisco**  
**C16 Calle 1**

City **San Juan** State **PR** Zip Code **00927**

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

Name of Employer **CPG Island Servicing** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.19760**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jose Antonio Diaz Brugueras**

Mailing Address **22 Ave. San Ignacio Apt 111**

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

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

Name of Employer **Ferraiuolli LLC** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.19776**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Eduardo Emanuelli Fonalledas**

Mailing Address **Cond. Costa Azul**  
**2 Calle Taft Apt 11A**

City **San Juan** State **PR** Zip Code **00911**

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

Name of Employer **Carrion Laffitte y Casellas** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.19756**

Amount of Each Receipt this Period  
**100.00**

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Alberto Escudero**

Mailing Address **PO Box 1357**  
**Ave. Ashford Suite 299**

City **San Juan** State **PR** Zip Code **00907**

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

Name of Employer **Self Employed** Occupation **Entrepreneur**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.19799**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Jaime Figueroa**

Mailing Address **Torrimar 17-7 Alhambra**

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

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

Name of Employer **Pharma Pix** Occupation **Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11AI.19811**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Evaristo Freiria**

Mailing Address **PO Box 11999**

City **San Juan** State **PR** Zip Code **00922**

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

Name of Employer **Universal Manufacturing** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.19856**

Amount of Each Receipt this Period  
**200.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Guillermo Gil Diaz</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Paseo Mayor D30 Calle 8		<b>Transaction ID : SA11AI.19759</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fiddler Gonzalez & Rodriguez	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Lynnette Gomez De La Torre</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address Urb. Levittown 100 Paseo Abril Apt. 302		<b>Transaction ID : SA11AI.19722</b>
City Toa Baja	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Francisco A. Gomez Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 16642		<b>Transaction ID : SA11AI.19744</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Tinsmith	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 83
	<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)  
**Andres Guillemard**

Mailing Address 1302 Ponce de Leon Ave. 302

City San Juan State PR Zip Code 00907

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

Name of Employer Lone Star Insurance Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.19837**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Michelle Hilera**

Mailing Address 2330 Monacan St.  
Apt 103

City Alexandria State VA Zip Code 22314

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

Name of Employer Grant Thornon Occupation Auditor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11AI.19763**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Hufstetler**

Mailing Address Palmas Plantation  
34 Birdie LN

City Humacao State PR Zip Code 00791

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

Name of Employer Sonnedix Solar Occupation VP of Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.19846**

Amount of Each Receipt this Period  
**500.00**

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

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

**2100.00**

**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 15 OF 83
	<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. Pablo Hymovitz**

Mailing Address 13 Calle Bucare

City San Juan State PR Zip Code 00913

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

Name of Employer Lopez Sanchez Pirillo & Hymovi Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.19752**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Juan Lazalle Nieves**

Mailing Address PO Box 1538

City Quebradillas State PR Zip Code 00678

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.19793**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Manuel Ledesma**

Mailing Address PO Box 8848

City San Juan State PR Zip Code 00906

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

Name of Employer Marsh Saldana Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.19787**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr Diego Loinaz**

Mailing Address 1353 Luis Vigoreaux  
PMB 486

City Guaynabo State PR Zip Code 00970

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

Name of Employer Loinaz Martin, PSC Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19825**

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
**Sara Lopez Martin**

Mailing Address Call Box 70006

City Fajardo State PR Zip Code 00758

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19822**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Norma Machado Ortiz**

Mailing Address 156 Dorado Beach East

City Dorado State PR Zip Code 00646

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.19781**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00



**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 17 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Juan Maldonado**

Mailing Address **PO Box 193946**

City **San Juan** State **PR** Zip Code **00919**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.19748**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **Cond. La Alhambra  
Calle Olimpo 618, Apt. 3-C**

City **San Juan** State **PR** Zip Code **00907**

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

Name of Employer **Self Employed** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.19857**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ivan G. Marrero**

Mailing Address **Estancias Reales  
53 Calle Princesa Diana**

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

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

Name of Employer **PMA** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.19738**

Amount of Each Receipt this Period  
**100.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Cond. Magdalena  
1309 Ave. Magdalena Apt M - 81

City San Juan State PR Zip Code 00907

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19862**

Amount of Each Receipt this Period  
200.00

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

Mailing Address Urb. Hacienda Primavera 149

City Cidra State PR Zip Code 00739

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.19771**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Alfredo R. Martinez Alvarez**

Mailing Address 701 Ponce de Leon Suite 308

City San Juan State PR Zip Code 00907

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

Name of Employer Martinal Real Estate Occupation Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19843**

Amount of Each Receipt this Period  
500.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Omar E. Martinez Vazquez**

Mailing Address **Columbia 317-B**  
**University Gardens**

City **San Juan** State **PR** Zip Code **00927**

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

Name of Employer **Martinez Martinez Law** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.19730**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Narciso E. Matos**

Mailing Address **Colina Real Apt 2 B**

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

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

Name of Employer **Self Employed** Occupation **Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.19789**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth McClintock**

Mailing Address **PO Box 9023365**

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

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

Name of Employer **Politank** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.19798**

Amount of Each Receipt this Period  
**99.49**

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

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

**1599.49**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 83
	<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. Kenneth McClintock</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address PO Box 9023365		<b>Transaction ID : SA11AI.19838</b>	
City San Juan	State PR	Zip Code 00902	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.51	
Name of Employer Politank	Occupation Consultant		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2650.51		

Full Name (Last, First, Middle Initial) <b>B. Antonio J. Munoz</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address Urb. Sierra Alta 15 Calle Gaviota		<b>Transaction ID : SA11AI.19853</b>	
City San Juan	State PR	Zip Code 00926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Roberto Nater Lebron</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address Paseo del Valle Parque Del Monte Mc34		<b>Transaction ID : SA11AI.19809</b>	
City Trujillo Alto	State PR	Zip Code 00976	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.51
<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 21 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**David Nieves**

Mailing Address Plaza de Las Fuentes  
Calle Italia 1138

City Toa Alta State PR Zip Code 00953

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

Name of Employer Self Employed Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19841**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Luis Nolla Vila**

Mailing Address Oviedo 6-19, Torrimar

City Guaynabo State PR Zip Code 00966

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

Name of Employer Cancio, Nadal, Rivera & Diaz Occupation 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  
 06 / 30 / 2014

**Transaction ID : SA11AI.19845**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1610 Culbreath 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19807**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Julio Ocasio Tascon**

Mailing Address Paseo Las Palmas  
Calle Palma de Coco 15

City Dorado State PR Zip Code 00646

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19819**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Armando Oliver Cruz**

Mailing Address 454 De Diego Avenue

City San Juan State PR Zip Code 00920

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.19734**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jose A. Pagan Torres**

Mailing Address PMB 612  
1353 Rd 19

City Guaynabo State PR Zip Code 00966

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

Name of Employer First Medical Occupation Vicepresident

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.19849**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Roberto Pando Cintron</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address San Edemundo 15		<b>Transaction ID : SA11AI.19817</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MCS	Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Guillermo R. Pico</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PMB 606 Suite 105 89 de Diego		<b>Transaction ID : SA11AI.19867</b>
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pico & Blanco	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Walter Pierluisi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Cond. Murano Luxury Apartment Apt 8A Ave. Palma Real		<b>Transaction ID : SA11AI.19746</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Student	Occupation Student	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Carlos Placer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address Urb. Ciudad Jardin 129 Calle Albahaca		<b>Transaction ID : SA11AI.19812</b>	
City Gurabo	State PR	Zip Code 00778	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Doctor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jose A. Ramirez de Arellano</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1050 Jesus T. Pinero		<b>Transaction ID : SA11AI.19833</b>	
City San Juan	State PR	Zip Code 00921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Self Employed	Occupation Jeweler		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Victor Ramos</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address PMB 218 PO Box 7034		<b>Transaction ID : SA11AI.19731</b>	
City San Juan	State PR	Zip Code 00936	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Doctor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Victor Ramos</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address PMB 218 PO Box 7034		Transaction ID : SA11AI.19806
City San Juan	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Oreste R. Ramos Pruetzel</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address RD 834 Box 4049		Transaction ID : SA11AI.19750
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PMA	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ricardo Rios</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address La Villa de Torrimar 278		Transaction ID : SA11AI.19769
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Comercial Equipment Finance	Occupation Vice President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ricardo A Rios**

Mailing Address 1863 Ave Fernandez Juncos  
901

City San Juan State PR Zip Code 00909

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

Name of Employer Comercial Equipment Occupation Comerciante

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.19844**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Urb. Estancias de Golf Club  
Calle Luis Morales

City Ponce State PR Zip Code 00730

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

Name of Employer Gobierno de PR Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.19711**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lister Rivera**

Mailing Address PO Box 270300

City San Juan State PR Zip Code 00927

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

Name of Employer Liri Corp. Occupation Tasador

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.19767**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address Calle Urdiales Edf. 22, Apart. 169  
San Jose

City San Juan State PR Zip Code 00928

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

Name of Employer Politank Occupation Administrative Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.19733**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Petunia 1896, Santa Maria

City San Juan State PR Zip Code 00927

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19821**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roberto Rodriguez Lopez**

Mailing Address PO Box 193635

City San Juan State PR Zip Code 00919

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

Name of Employer RF Engineering Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.19778**

Amount of Each Receipt this Period  
2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rafael Rodriguez Mercado**

Mailing Address PO Box 363185

City San Juan State PR Zip Code 00936

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19814**

Amount of Each Receipt this Period  
1850.00

**B.** Full Name (Last, First, Middle Initial)  
**Rafael Rodriguez Mercado**

Mailing Address PO Box 363185

City San Juan State PR Zip Code 00936

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  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19839**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Rafael Rojo**

Mailing Address PO Box 20868

City San Juan State PR Zip Code 00928

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

Name of Employer Empresas VRM Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.19802**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Felix N. Roman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address Villas de Tintillo B-1		<b>Transaction ID : SA11AI.19714</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1600.00
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 2600.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Felix Norman Roman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 608899		<b>Transaction ID : SA11AI.19717</b>
City Bayamon	State PR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 800.00
Name of Employer Self Employed	Occupation CPA	Amount of Each Receipt this Period 1800.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 1800.00		

Full Name (Last, First, Middle Initial) <b>C. Felix N. Roman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address Villas de Tintillo B-1		<b>Transaction ID : SA11AI.19840</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 3000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Felix N Roman Negron**

Mailing Address **PO Box 3123**

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

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

Name of Employer **Self Employed** Occupation **CPA**

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  
**05 / 29 / 2014**

**Transaction ID : SA11AI.19724**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marie A. Roman Negron**

Mailing Address **PO Box 9446**

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

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

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

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  
**05 / 09 / 2014**

**Transaction ID : SA11AI.19715**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ramon Rosario Cortes**

Mailing Address **Point Lagoon Apt. 111**

City **Carolina** State **PR** Zip Code **00979**

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

Name of Employer **Gobierno de PR** Occupation **Legal Advisor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.19713**

Amount of Each Receipt this Period  
**150.00**

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

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

**3750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Alberto Santiago</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address Urb. Rio Hondo I A-14 Calle Rio Corozal		<b>Transaction ID : SA11AI.19863</b>
City Bayamon	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Heriberto Sauri</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2014
Mailing Address Ave. Esmeralda 53 Call Box 40		<b>Transaction ID : SA11AI.19779</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) <b>C. Lucas Soto Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2014
Mailing Address PO Box 1517		<b>Transaction ID : SA11AI.19791</b>
City Hatillo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Engineer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jose Juan Torres Escalera**

Mailing Address Hills Mansions BC 28  
63 St.

City San Juan State PR Zip Code 00926

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.19753**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address Urb. La Guadalupe  
1672 Calle Jardin Ponciana

City Ponce State PR Zip Code 00730

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

Name of Employer Marsh Saldana Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.19783**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Roberto Torres Gonzalez**

Mailing Address Urb. La Guadalupe  
1672 Calle Jardin Ponciana

City Ponce State PR Zip Code 00730

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

Name of Employer Marsh Saldana Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.19785**

Amount of Each Receipt this Period  
 250.00

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

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

600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Eugenio J. Torres Oyola**

Mailing Address Calle 2 C57, Paseo las Vistas

City San Juan State PR Zip Code 00926

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

Name of Employer Ferraiouli Torres Marchand Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.19823**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 1508 Las Marias

City San Juan State PR Zip Code 00911

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

Name of Employer Roma BC, Inc. Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.19737**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jose A Valdes Leal**

Mailing Address Edif. Carrion Court Atp. 501

City San Juan State PR Zip Code 00911

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.19800**

Amount of Each Receipt this Period  
**2000.00**

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

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

**3250.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jose Valdes Muzaurieta**

Mailing Address **Ridgewood Drive 38A**

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

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

Name of Employer **Self Employed** Occupation **Broker**

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  
**06 / 13 / 2014**

**Transaction ID : SA11AI.19801**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jorge Valdesuso Hernandez**

Mailing Address **Los Arboles de Montehiedra Blvd. Los Arboles 600 Bz 342**

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

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11AI.19815**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Irmaris Vicenty Berrios**

Mailing Address **Calle Mayaguez 137 Cond. Mayaguez Apt 416**

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

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

Name of Employer **Self Employed** Occupation **Consultat**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.19720**

Amount of Each Receipt this Period  
**100.00**

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Raul Vidal</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address Caparra Hills Tower PH 2		<b>Transaction ID : SA11AI.19774</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Jose Vizcarrondo</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address Cond. Caparra Classic Apt 10-01		<b>Transaction ID : SA11AI.19851</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Carlos F. Ygartua Salgado</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Forest Hill F 3 Urb. Garden Hills		<b>Transaction ID : SA11AI.19740</b>
City Guaynabo	State PR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Chapel & Asoc.	Occupation Insurance Broker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	65400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**CH2M HILL COMPANIES LTD PAC**

Mailing Address **9191 S JAMAICA STREET**

City **ENGLEWOOD** State **CO** Zip Code **80112**

FEC ID number of contributing federal political committee. **C C00143305**

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  
**05 / 29 / 2014**

**Transaction ID : SA11C.19735**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Reynolds American Inc. PAC**

Mailing Address **401 N. Main Street**

City **Winston - Salem** State **NC** Zip Code **27102**

FEC ID number of contributing federal political committee. **C C00042002**

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  
**05 / 29 / 2014**

**Transaction ID : SA11C.19728**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**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 37 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. BDO Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 363436		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.19550</b>
City San Juan	State PR	
Zip Code 00936-3436	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. BDO Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO Box 363436		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.19700</b>
City San Juan	State PR	
Zip Code 00936-3436	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. On point Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address PO Box 363436		Amount of Each Disbursement this Period 87.50 <b>Transaction ID : SB17.19701</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	662.50
<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 38 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Maria Calbeto</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.19595</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Maria Calbeto</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1395.00 <b>Transaction ID : SB17.19613</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Calbeto</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1395.00 <b>Transaction ID : SB17.19670</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4290.00
<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1265.30 <b>Transaction ID : SB17.19553</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense Re: Fundraising & Political Meetings 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Primavera Horned Dorset</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3 Puerto Rico 412		Amount of Each Disbursement this Period 1265.30 <b>Transaction ID : SB17.19553.0</b> <b>[MEMO ITEM]</b>
City Rincon State PR Zip Code 00602	Purpose of Disbursement Expenses for Fundraising & Political Meetings. 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 391.08 <b>Transaction ID : SB17.19558</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Lunch Expense Re: Political Strategy and First Ladies 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1656.38
<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Restaurant Jose Jose</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Ave. Condado		Amount of Each Disbursement this Period 241.08
City San Juan	State PR	
Zip Code 00901		Transaction ID : SB17.19558.0
Purpose of Disbursement Expense for Lunch Meeting - Political Strategy		
Candidate Name <b>Comite Pierluisi, Inc.</b>		[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. La Bodega Vasca</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Road 19		Amount of Each Disbursement this Period 150.00
City Gauynabo	State PR	
Zip Code 00919		Transaction ID : SB17.19558.1
Purpose of Disbursement Expense for Lunch Meeting - First Ladies		
Candidate Name <b>Comite Pierluisi, Inc.</b>		[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 260.06
City Guaynabo	State PR	
Zip Code 00966		Transaction ID : SB17.19561
Purpose of Disbursement Reimbursement Lunch Expense Re: Social Media and Finance Committee Meetings		
Candidate Name <b>Comite Pierluisi, Inc.</b>		[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	260.06
<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 83		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Pan Comido Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Urb. Munoz Rivera 19 Marginal Martinez Nadal		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.19561.0
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Lunch Expense Re: Social Media Meeting	Category/Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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)	[MEMO ITEM]
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Restaurante Casa Lola</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 150.54 Transaction ID : SB17.19561.1
City San Juan State PR Zip Code 00906	Purpose of Disbursement Lunch Expense Re: Finance Committee	Category/Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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)	[MEMO ITEM]
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 80.70 Transaction ID : SB17.19564
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Transportation Expense / Taxi (CHCI)	Category/Type 002
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.70
<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 42 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 408.50 <b>Transaction ID : SB17.19555</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Travel Expense Re: CHCI Strategic Planning Meeting 002 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 408.50 <b>Transaction ID : SB17.19555.0</b> <b>[MEMO ITEM]</b>
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement Travel Expense Re: Congressional Hispanic Caucus Institute Strategic Planning Meeting 002 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 34.96 <b>Transaction ID : SB17.19647</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense Re: Finance Team Lunch 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	443.46
<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 43 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Restaurante Casa Lola</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 34.96
City San Juan State PR Zip Code 00906	Purpose of Disbursement Expense Re: Finance Team Lunch	Transaction ID : SB17.19647.0
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 118.61
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses Re: Social Media Supporters and Strategy Event	Transaction ID : SB17.19649
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 222.34
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Dinner Expense Re: Campaign Strategy / Women's Group	Transaction ID : SB17.19651
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	
Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	340.95
<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 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Restaurante Casa Lola</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 222.34
City San Juan State PR Zip Code 00906	Purpose of Disbursement Dinner Expense Re: Campaign Strategy / Women's Group	Transaction ID : SB17.19651.0
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 683.68
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Dinner Expenses Re: Media Strategy	Transaction ID : SB17.19654
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Kitchen PeterPaul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 11 Gardenia St. Apt.606		Amount of Each Disbursement this Period 401.00
City Carolina State PR Zip Code 00979	Purpose of Disbursement Dinner Expense: Catering - Media Strategy	Transaction ID : SB17.19654.0
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	683.68
<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 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Jose Javier Lopez</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address Calle Venus 16 El Verde		Amount of Each Disbursement this Period 150.00
City Caguas	State PR Zip Code 00725	
Purpose of Disbursement Dinner Expense: Waiter - Media Strategy		Transaction ID : SB17.19654.1
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. y Servicios Flores</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 212 Calle Del Parque		Amount of Each Disbursement this Period 96.30
City San Juan	State PR Zip Code 00912	
Purpose of Disbursement Dinner Expense: Flowers - Media Strategy		Transaction ID : SB17.19654.2
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. M &amp; M Flower Market Corp</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address Calle Colon 1720		Amount of Each Disbursement this Period 36.38
City San Juan	State PR Zip Code 00911	
Purpose of Disbursement Dinner Expense: Flowers - Media Strategy		Transaction ID : SB17.19654.3
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PR District: 00		

<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 231.05 <b>Transaction ID : SB17.19663</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lunch Expense Re: Communication Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Tras-Patio Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address Calle Uruguay 115		Amount of Each Disbursement this Period 231.05 <b>Transaction ID : SB17.19663.0</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Lunch Expense Re: Communication Strategy	
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. Maria Elena Carrion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 266.81 <b>Transaction ID : SB17.19665</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dropbox Service and Domain Service Renewals 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	497.86
<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ATT Cingular</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 15067		Amount of Each Disbursement this Period 531.14 <b>Transaction ID : SB17.19606</b>
City San Juan	State PR	
Purpose of Disbursement Mobile Expense	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. ATT Cingular</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address PO Box 15067		Amount of Each Disbursement this Period 601.28 <b>Transaction ID : SB17.19708</b>
City San Juan	State PR	
Purpose of Disbursement Mobile Expense	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Braulio Delivery Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address Ave Rexach 2008		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.19597</b>
City San Juan	State PR	
Purpose of Disbursement Messenger Service	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1142.42
<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Braulio Delivery Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address Ave Rexach 2008		Amount of Each Disbursement this Period 16.76 <b>Transaction ID : SB17.19690</b>
City San Juan State PR Zip Code 00915	Purpose of Disbursement Messenger Service 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Doral Bank of Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 71306		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.19605</b>
City San Juan State PR Zip Code 00936	Purpose of Disbursement Commercial Account Service Charge 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Doral Bank of Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 71306		Amount of Each Disbursement this Period 0.70 <b>Transaction ID : SB17.19686</b>
City San Juan State PR Zip Code 00936	Purpose of Disbursement Comercial Service Charge 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.46
<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 49 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Departamento De Hacienda</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Old San Juan			Amount of Each Disbursement this Period 50.72 <b>Transaction ID : SB17.19547</b>
City San Juan	State PR	Zip Code 00901	
Purpose of Disbursement Taxes		Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>			
Office Sought: <input checked="" 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: PR	District: 00		

Full Name (Last, First, Middle Initial) <b>B. Departamento De Hacienda</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address Old San Juan			Amount of Each Disbursement this Period 2152.50 <b>Transaction ID : SB17.19687</b>
City San Juan	State PR	Zip Code 00901	
Purpose of Disbursement Taxes		Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>			
Office Sought: <input checked="" 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: PR	District: 00		

Full Name (Last, First, Middle Initial) <b>c. Makro Media</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Turabo Cluster Apt. 34			Amount of Each Disbursement this Period 4185.00 <b>Transaction ID : SB17.19546</b>
City Caguas	State PR	Zip Code 00727	
Purpose of Disbursement Image Consulting Service and Strategy		Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>			
Office Sought: <input checked="" 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: PR	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6388.22
<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 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Makro Media</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address Turabo Cluster Apt. 34		Amount of Each Disbursement this Period 4115.00 <b>Transaction ID : SB17.19596</b>
City Caguas	State PR Zip Code 00727	
Purpose of Disbursement Image Consulting Service and Strategy		Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Makro Media</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address Turabo Cluster Apt. 34		Amount of Each Disbursement this Period 4185.00 <b>Transaction ID : SB17.19698</b>
City Caguas	State PR Zip Code 00727	
Purpose of Disbursement Image Consulting Service and Strategy		Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Francisco Moreno</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address Calle Plata 69, Urb. Vista Lago Ciudad Jardin Resort		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.19565</b>
City Gurabo	State PR Zip Code 00778	
Purpose of Disbursement Political Asistant		Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10160.00
<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 51 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1937.50 <b>Transaction ID : SB17.19549</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1937.50 <b>Transaction ID : SB17.19601</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Dennise Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1937.50 <b>Transaction ID : SB17.19669</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5812.50
<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 52 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.19548</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Nancy Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.19600</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Nancy Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 200.56 <b>Transaction ID : SB17.19632</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense / Office Supplies 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3920.56
<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 53 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 9 Calle D Los Frailes Industrial Park		Amount of Each Disbursement this Period 22.39
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : SB17.19632.0 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Costco Wholesales</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Ave. Los Filtros		Amount of Each Disbursement this Period 178.17
City Bayamon State PR Zip Code 00959	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : SB17.19632.1 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Nancy Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 50.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses Re: Department of the Treasury 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : SB17.19633
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<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 54 OF 83			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Perez</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00 <b>Transaction ID : SB17.19667</b>
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.19566</b>
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Subscription & DNC Membershin	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Pedro R. Pierluisi</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 166.30 <b>Transaction ID : SB17.19567</b>
City Guaynabo	State PR	
Zip Code 00966	Purpose of Disbursement Reimbursemetnet Transportation Expense / Taxi	Category/ Type 002
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2106.30
<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 55 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 275.44 <b>Transaction ID : SB17.19568</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense Re: Dinner Meeting & Lodging Arcibo Event 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Dragonfly Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address San Francisco 355		Amount of Each Disbursement this Period 110.92 <b>Transaction ID : SB17.19568.0</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00901	Purpose of Disbursement Dinner Expense Re: Dinner Meeting - Press 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Padillas Pizza Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address Carr 2 KM 41.9 Algarrobo		Amount of Each Disbursement this Period 24.77 <b>Transaction ID : SB17.19568.1</b> <b>[MEMO ITEM]</b>
City Vega Baja State PR Zip Code 00693	Purpose of Disbursement Lunch Expense Re: Security Detail (Arcibo Event) 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.44
<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 56 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Manati Hyatt Place</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 122 Carretera PR 2		Amount of Each Disbursement this Period 800.65
City Manati State PR Zip Code 00674	Purpose of Disbursement Expense Re: Lodging - Arecibo Event	Transaction ID : SB17.19568.2
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 800.65
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dinner Expenses Re: Congressional Hispanic Caucus Institute Retreat	Transaction ID : SB17.19575
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Las Vegas Westin Lake</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 101 MonteLago Blvd.		Amount of Each Disbursement this Period 800.62
City Henderson State NV Zip Code 89011	Purpose of Disbursement Dinner Expenses Re: Congressional Hispanic Caucus Institute Retreat	Transaction ID : SB17.19575.0
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.65
<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 57 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 479.27 <b>Transaction ID : SB17.19578</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Dining Expense Re: Political Strategy Meetings 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Perzas PR Food &amp; Bar Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address Carr 102 Km 10.0 Bo. Joyuda		Amount of Each Disbursement this Period 351.27 <b>Transaction ID : SB17.19578.0</b> <b>[MEMO ITEM]</b>
City Cabo Rojo State PR Zip Code 00623	Purpose of Disbursement Dinner Expense Re: Political Strategy Meeting 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Charlie Palmer Steak Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 128.00 <b>Transaction ID : SB17.19578.1</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Dinner Expense Re: Political Strategy Meeting 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	479.27
<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 58 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 401.22 <b>Transaction ID : SB17.19582</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dining Expense Re: PR affairs and Public Relations 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Bourbon Steak Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address Four Seasons Hotel 2800 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 195.30 <b>Transaction ID : SB17.19582.0</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20007	Purpose of Disbursement Dinner Expense Re: Public Relations Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Park Hyatt Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1201 24th Street, NW		Amount of Each Disbursement this Period 205.92 <b>Transaction ID : SB17.19582.1</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20037	Purpose of Disbursement Dinner Expense Re: Puerto Rico Affairs and Public Relations 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	401.22
<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 59 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 554.43 <b>Transaction ID : SB17.19585</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dinner Expense Re: Public Relations Strategy Meeting 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Pikayo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address Ave de Diego, Miramar		Amount of Each Disbursement this Period 554.43 <b>Transaction ID : SB17.19585.0</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00906	Purpose of Disbursement Dinner Expense Re: Public Relations Strategy Meeting 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 284.40 <b>Transaction ID : SB17.19587</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Dinner Expense Re: FR & Political Strategy Meeting 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	838.83
<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 60 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. The Source Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 575 Pennsylvania Ave.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Dinner Expense Re: FR & Political Strategy Meeting

Candidate Name  
**Comite Pierluisi, Inc.**

Office Sought:  House  Senate  President  
State: PR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 22 / 2014

Amount of Each Disbursement this Period  
284.40

Transaction ID : SB17.19587.0

[MEMO ITEM]

Category/Type  
001

**B. Pedro R. Pierluisi**

Full Name (Last, First, Middle Initial)  
Mailing Address PMB 232  
1353 Road 19

City Guaynabo State PR Zip Code 00966

Purpose of Disbursement  
Reimbursement for Lunch Expense Re: Political Strategy Meeting

Candidate Name  
**Comite Pierluisi, Inc.**

Office Sought:  House  Senate  President  
State: PR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 22 / 2014

Amount of Each Disbursement this Period  
290.65

Transaction ID : SB17.19589

Category/Type  
001

**c. Restaurante Casa Lola**

Full Name (Last, First, Middle Initial)  
Mailing Address Ave Ashford 1006

City San Juan State PR Zip Code 00906

Purpose of Disbursement  
Lunch Expense Re: Political Strategy Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 22 / 2014

Amount of Each Disbursement this Period  
290.65

Transaction ID : SB17.19589.0

[MEMO ITEM]

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 290.65

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 280.63 <b>Transaction ID : SB17.19591</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lunch Expense with Campaing Staff 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 30 Icy Street SE		Amount of Each Disbursement this Period 280.63 <b>Transaction ID : SB17.19591.0</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Lunch Expense with Campaing Staff 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 463.54 <b>Transaction ID : SB17.19614</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Meals Expenses Re: Political Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	744.17
<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 62 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Blu Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Palmanova Plaza 131 Palmas del Mar		Amount of Each Disbursement this Period 187.11
City Humacao State PR Zip Code 00791	Category/Type 001	
Purpose of Disbursement Luncheon Meeting Expense - Political Strategy		Transaction ID : SB17.19614.0  [MEMO ITEM]
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Rincon criollo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Carr. 492 Km 1.1 Bo. Corcovada		Amount of Each Disbursement this Period 95.76
City Hatillo State PR Zip Code 00659	Category/Type 001	
Purpose of Disbursement Luncheon Meeting Expense - Political Strategy		Transaction ID : SB17.19614.1  [MEMO ITEM]
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Panaderia Pelayo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Calle Luisa 71 Condado		Amount of Each Disbursement this Period 22.42
City San Juan State PR Zip Code 00907	Category/Type 001	
Purpose of Disbursement Breakfast Meeting Expense - Political Strategy & Event		Transaction ID : SB17.19614.2  [MEMO ITEM]
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<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 63 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Metropol Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Isla Verde Ave.		Amount of Each Disbursement this Period 94.26
City San Juan State PR Zip Code 00979	Purpose of Disbursement Luncheon Meeting Expense - Political Strategy	Transaction ID : SB17.19614.3
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Tradition Francaise Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Calle Taft 174		Amount of Each Disbursement this Period 35.98
City San Juan State PR Zip Code 00907	Purpose of Disbursement Breakfast Meeting Expense - Political Strategy	Transaction ID : SB17.19614.4
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Pitipua Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Carr. 176 Km 1.6 Cupey Plaza		Amount of Each Disbursement this Period 28.01
City San Juan State PR Zip Code 00926	Purpose of Disbursement Meeting Expense - Press Affairs / Political Strategy	Transaction ID : SB17.19614.5
Candidate Name <b>Comite Pierluisi, Inc.</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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: PR District: 00		

<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 64 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 474.97 <b>Transaction ID : SB17.19625</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Luncheon Meetings Expenses Re: Press and Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 223 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 162.80 <b>Transaction ID : SB17.19625.0</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Luncheon Meetings Expenses Re: Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Point of View Terrac Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 515 15th Street NW		Amount of Each Disbursement this Period 312.17 <b>Transaction ID : SB17.19625.1</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Luncheon Meetings Expenses Re: Press Affairs Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	474.97
<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 65 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 305.93 <b>Transaction ID : SB17.19629</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Meals Meetings Expenses Re: Political Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Restaurante Casa Lola</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 101.48 <b>Transaction ID : SB17.19629.0</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00906	Purpose of Disbursement Luncheon Meeting Expense Re: Political Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Point of View Terrac Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 515 15th Street NW		Amount of Each Disbursement this Period 204.45 <b>Transaction ID : SB17.19629.1</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Dinner Meeting Expense Re: Political Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.93
<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 66 OF 83		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 489.15 <b>Transaction ID : SB17.19636</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Meals Meetings Expenses Re: Press Affairs and Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Metropol Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Calle Juan C. Borbon		Amount of Each Disbursement this Period 105.95 <b>Transaction ID : SB17.19636.0</b> <b>[MEMO ITEM]</b>
City Guaynabo State PR Zip Code 00969	Purpose of Disbursement Lunch Meeting Expense Re: Press Affairs Candidate Name <b>Comite Pierluisi, Inc.</b> Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. The Source Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 575 Pennsylvania Ave.		Amount of Each Disbursement this Period 383.20 <b>Transaction ID : SB17.19636.1</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Dinner Meeting Expense Re: Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	489.15
<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 67 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 376.97 <b>Transaction ID : SB17.19640</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Luncheon Meetings Expenses Re: Political Strategy and Event Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sazonis Cafe Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address Calle Ulises Martinez 12		Amount of Each Disbursement this Period 185.65 <b>Transaction ID : SB17.19640.0</b> <b>[MEMO ITEM]</b>
City Humacao State PR Zip Code 00791	Purpose of Disbursement Lunch Meeting Expense Re: Political Event Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Aidas Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1359 Ave. Ponce de Leon Esq. Canals		Amount of Each Disbursement this Period 191.32 <b>Transaction ID : SB17.19640.1</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Lunch Meeting Expense Re: Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	376.97
<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 68 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 375.82 <b>Transaction ID : SB17.19645</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense for Lunch Meeting Re: PR Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Aidas Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1359 Ave. Ponce de Leon Esq. Canals		Amount of Each Disbursement this Period 375.82 <b>Transaction ID : SB17.19645.0</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00917	Purpose of Disbursement Expense for Lunch Meeting Re: PR Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB17.19673</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Subscription & NDC Membership 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	495.82
<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 69 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 211.52 <b>Transaction ID : SB17.19674</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Meals Expense Re: Political Strategy Meetings 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. El Buen Cafe Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 381 Carr 2 Km 84 Bo Carrizales		Amount of Each Disbursement this Period 48.14 <b>Transaction ID : SB17.19674.0</b> <b>[MEMO ITEM]</b>
City Hatillo State PR Zip Code 00659	Purpose of Disbursement Expense for Snacks / Political Strategy Meetings 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Che's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address Punta Las Marias		Amount of Each Disbursement this Period 163.38 <b>Transaction ID : SB17.19674.1</b> <b>[MEMO ITEM]</b>
City San Juan State PR Zip Code 00967	Purpose of Disbursement Expense for Lunch Meeting Re: Political Strategy 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	211.52
<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 70 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 339.57 <b>Transaction ID : SB17.19678</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense for Meals Mettings Re: Political Strategy & Staff and Volunteers Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 223 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 153.00 <b>Transaction ID : SB17.19678.0</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Expense for Lunch Metting Re: Political Strategy Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Marcelo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address Carr. 1 Ave Mercado		Amount of Each Disbursement this Period 186.57 <b>Transaction ID : SB17.19678.1</b> <b>[MEMO ITEM]</b>
City Caguas State PR Zip Code 00725	Purpose of Disbursement Expense for Dinner Mettings Re: Staff & Volunteers Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	339.57
<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 71 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1665.52 <b>Transaction ID : SB17.19682</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lodging Expense Re: Ameripac Retreat Congressman Steny Hoyer Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Ritz Carlton Dorado Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 100 Dorado Beach Road		Amount of Each Disbursement this Period 1665.52 <b>Transaction ID : SB17.19682.0</b> <b>[MEMO ITEM]</b>
City Dorado State PR Zip Code 00646	Purpose of Disbursement Lodging Expense Re: Ameripac Retreat Congressman Steny Hoyer Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 733.06 <b>Transaction ID : SB17.19691</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lodging Expense Re: Ameripac Retreat Congressman Steny Hoyer Candidate Name <b>Comite Pierluisi, Inc.</b> Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2398.08
<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 72 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton Dorado Beach</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 100 Dorado Beach Road		Amount of Each Disbursement this Period 733.06
City Dorado State PR Zip Code 00646	Purpose of Disbursement Lodging Expense Re: Ameripac Retreat Congressman Steny Hoyer	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : <b>SB17.19691.0</b> <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pedro R. Pierluisi</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 210.40
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expense for Dinner Re: DC and Media Strategy	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : <b>SB17.19693</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Matchbox Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 8th Street SE		Amount of Each Disbursement this Period 210.40
City Washington State DC Zip Code 20003	Purpose of Disbursement Expense for Dinner Re: DC and Media Strategy	
Candidate Name <b>Comite Pierluisi, Inc.</b>		Transaction ID : <b>SB17.19693.0</b> <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	210.40
<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 73 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tercer Piso</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.19551</b>
City San Juan State PR Zip Code 00926	Purpose of Disbursement Advertising 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Tercer Piso</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.19684</b>
City San Juan State PR Zip Code 00926	Purpose of Disbursement Advertising 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Tercer Piso</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.19671</b>
City San Juan State PR Zip Code 00926	Purpose of Disbursement Advertising 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<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 74 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 69.00 <b>Transaction ID : SB17.19610</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

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 04 / 22 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 111.00 <b>Transaction ID : SB17.19612</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Miscellaneous Commercial Account Fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

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 04 / 24 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 414.00 <b>Transaction ID : SB17.19609</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Merchant Account Fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	594.00
<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 75 OF 83
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 19.20 <b>Transaction ID : SB17.19611</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

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 05 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 47.27 <b>Transaction ID : SB17.19685</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

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 05 / 12 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.19688</b>
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service fee	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106.47
<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 76 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Banco Popular de Puerto Rico</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 10.70 <b>Transaction ID : SB17.19689</b>
City San Juan State PR Zip Code 00936	Purpose of Disbursement Miscellaneous Commercial Account Service Fee 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

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 06 / 02 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 65.13 <b>Transaction ID : SB17.19706</b>
City San Juan State PR Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

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 06 / 12 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.19707</b>
City San Juan State PR Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	115.83
<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 77 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Mayra Ramirez de Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Galeria San Patricio #118 A Calle Tabonuco		Amount of Each Disbursement this Period 2025.00 <b>Transaction ID : SB17.19552</b>
City Guaynabo	State PR	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

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 04 / 22 / 2014
Mailing Address Galeria San Patricio #118 A Calle Tabonuco		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.19593</b>
City Guaynabo	State PR	
Purpose of Disbursement Salary / Pending Balance	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

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 04 / 30 / 2014
Mailing Address Galeria San Patricio #118 A Calle Tabonuco		Amount of Each Disbursement this Period 250.28 <b>Transaction ID : SB17.19598</b>
City Guaynabo	State PR	
Purpose of Disbursement Reimbursement Expense - Fundraising Event	Category/ Type 001	
Candidate Name <b>Comite Pierluisi, Inc.</b>		
Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2575.28
<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 78 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Mayra Ramirez de Arellano</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address <b>Galeria San Patricio #118 A Calle Tabonuco</b>			Amount of Each Disbursement this Period .....,.....,.....,.....,..... 165.00	
City Guaynabo	State PR	Zip Code 00968	Transaction ID : <b>SB17.19599</b>	
Purpose of Disbursement Reimbursement Expense / Fundraising Event		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

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 04 / 30 / 2014	
Mailing Address <b>Galeria San Patricio #118 A Calle Tabonuco</b>			Amount of Each Disbursement this Period .....,.....,.....,.....,..... 2325.00	
City Guaynabo	State PR	Zip Code 00968	Transaction ID : <b>SB17.19602</b>	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

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 05 / 30 / 2014	
Mailing Address <b>Galeria San Patricio #118 A Calle Tabonuco</b>			Amount of Each Disbursement this Period .....,.....,.....,.....,..... 2325.00	
City Guaynabo	State PR	Zip Code 00968	Transaction ID : <b>SB17.19668</b>	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	.....,.....,.....,.....,..... 4815.00
<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 79 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Los Chavales Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address F. D. Roosevelt Ave. 253		Amount of Each Disbursement this Period 5126.16 <b>Transaction ID : SB17.19696</b>
City San Juan State PR Zip Code 00918	Purpose of Disbursement Fundraising Event Expenses 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Integrated Key Solution</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address Box 11885		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.19603</b>
City San Juan State PR Zip Code 00922	Purpose of Disbursement Media Monitoring Services 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Integrated Key Solution</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address Box 11885		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.19699</b>
City San Juan State PR Zip Code 00922	Purpose of Disbursement Media Monitoring Service 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11126.16
<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 80 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Rosario Toro</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 1353 Ave Luis Vigoreaux PMB 232		Amount of Each Disbursement this Period 158.05 <b>Transaction ID : SB17.19703</b>
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Lodging Expense Re: Campaing Event 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>B. Villa Cofresi Hotel</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 12 Carr 115		Amount of Each Disbursement this Period 158.05 <b>Transaction ID : SB17.19703.0</b> <b>[MEMO ITEM]</b>
City Rincon State PR Zip Code 00602	Purpose of Disbursement Lodging Expense Re: Campaing Event 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

Full Name (Last, First, Middle Initial) <b>c. Sprint USA</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 181.10 <b>Transaction ID : SB17.19607</b>
City Dallas State TX Zip Code 75266	Purpose of Disbursement Connection Data Plan 001 Category/Type	
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	339.15
<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 81 OF 83		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sprint USA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 318.64 <b>Transaction ID : SB17.19608</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Mobile Expense	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>B. Sprint USA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 621.29 <b>Transaction ID : SB17.19709</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Mobile Expense	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

Full Name (Last, First, Middle Initial) <b>c. Sprint USA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 363.51 <b>Transaction ID : SB17.19710</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Connection Data Plan	Category/ Type 001
Candidate Name <b>Comite Pierluisi, Inc.</b>	Office Sought: <input checked="" 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: PR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1303.44
<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 82 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Rosemarie Vizcarrondo</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address PO Box 10302			Amount of Each Disbursement this Period 968.75	
City San Juan	State PR	Zip Code 00922	Transaction ID : SB17.19542	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

Full Name (Last, First, Middle Initial) <b>B. Rosemarie Vizcarrondo</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address PO Box 10302			Amount of Each Disbursement this Period 968.75	
City San Juan	State PR	Zip Code 00922	Transaction ID : SB17.19604	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

Full Name (Last, First, Middle Initial) <b>c. Rosemarie Vizcarrondo</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address PO Box 10302			Amount of Each Disbursement this Period 968.75	
City San Juan	State PR	Zip Code 00922	Transaction ID : SB17.19672	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name <b>Comite Pierluisi, Inc.</b>				
Office Sought: <input checked="" 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: PR	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2906.25
<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 83 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Heli Ways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO Box 70250 Suite 226		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.19594</b>
City San Juan State PR Zip Code 00936-8250	Purpose of Disbursement Transportation Expense for Fundraising Event. Category/Type 002	
Candidate Name Comite Pierluisi, Inc.	Office Sought: <input checked="" 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: PR District: 00		

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

Full Name (Last, First, Middle Initial) <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	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	74037.77