

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Comite Pierluisi, Inc.

ADDRESS (number and street) ▼

PO Box 13451

Check if different than previously reported. (ACC)

San Juan

PR

00908

2. **FEC IDENTIFICATION NUMBER** ▼

C C00435636

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PR

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hector Del Rio Jimenez

Signature of Treasurer Hector Del Rio Jimenez

[Electronically Filed]

Date

/ /

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								
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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))....	15700.00	577462.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15700.00	572212.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24036.51	576845.60
(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)).....	24036.51	576845.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	563.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Comite Pierluisi, Inc.

Report Covering the Period: From: / / 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).....	9700.00	501350.68
(ii) Unitemized.....	0.00	5112.00
(iii) TOTAL of contributions from individuals ▶	9700.00	506462.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	71000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15700.00	577462.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	1006.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15700.00	578469.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24036.51	576845.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24036.51	582095.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8899.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15700.00
25. SUBTOTAL (add Line 23 and Line 24).....	24599.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24036.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	563.03

**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 28
	<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)
Mrs. Leena El-Ali

Mailing Address 1181 N Nagh St #1012

City: Arlington State: VA Zip Code: 22209

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

Name of Employer: SFGG Occupation: VP Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 07 / 2014

Transaction ID : SA11AI.6456

Amount of Each Receipt this Period: 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Raul Herrera

Mailing Address 6494 Lake Meadow Dr.

City: Burke State: VA Zip Code: 22015

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

Name of Employer: Arnold & Porter LLC Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 11 / 21 / 2014

Transaction ID : SA11AI.6457

Amount of Each Receipt this Period: 2000.00

Memo Item

C. 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: 5350.00

Date of Receipt: 11 / 21 / 2014

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period: 2600.00

Memo Item

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

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

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 6 OF 28
(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)
Wanda Santiago Pimentel

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 Housewife Occupation Housewife

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
 11 / 21 / 2014

Transaction ID : SA11AI.6460

Amount of Each Receipt this Period
2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jonathan Slade

Mailing Address 10613 Gainsborough Rd

City Potomac State MD Zip Code 20854

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

Name of Employer The Cormac Group Occupation Consultant

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
 10 / 24 / 2014

Transaction ID : SA11AI.6462

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

3100.00

9700.00

**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 7 OF 28
	<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)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00096156

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2014

Transaction ID : SA11C.6463

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

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
10		22		2014

Transaction ID : SA11C.6736

Amount of Each Receipt this Period
-2000.00

Memo Item
Redesignate:

C. Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

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
10		22		2014

Transaction ID : SA11C.6737

Amount of Each Receipt this Period
2000.00

Memo Item
Redesignate:

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<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)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11C.6464

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

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
 11 / 07 / 2014

Transaction ID : SA11C.6816

Amount of Each Receipt this Period
-2000.00

Memo Item
Redesignate:

C. Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave NW Suite 500W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

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
 11 / 07 / 2014

Transaction ID : SA11C.6817

Amount of Each Receipt this Period
2000.00

Memo Item
Redesignate:

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 28
(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)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY
BOX 97017

City State Zip Code
REDMOND WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11C.6466

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

6000.00

**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 10 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. JetBlue Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 578.00
City State Zip Code Forest Hills NY 11375	Purpose of Disbursement Travel Expense Re: Congressional Codel Delegation Trip	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6471
State: District:		

Full Name (Last, First, Middle Initial) B. JetBlue Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 657.20
City State Zip Code Forest Hills NY 11375	Purpose of Disbursement Travel Expense Re: Congressional Codel Delegation Trip	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6473
State: District:		

Full Name (Last, First, Middle Initial) c. Maria Calbeto		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1395.00
City State Zip Code Guaynabo PR 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6467
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1395.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Maria Calbeto		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 1999.50
City Guaynabo State PR Zip Code 00966	Category/Type	
Purpose of Disbursement Salary	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6468
State: District:		

Full Name (Last, First, Middle Initial) B. Maria Calbeto		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address Cond. Plaza Real Apt. 605 187 Carr. #2		Amount of Each Disbursement this Period 818.40
City Guaynabo State PR Zip Code 00966	Category/Type	
Purpose of Disbursement Salary	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6469
State: District:		

Full Name (Last, First, Middle Initial) c. Maria Elena Carrion		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 578.00
City Guaynabo State PR Zip Code 00966	Category/Type	
Purpose of Disbursement Reimbursement Travel Expense Re: Congressional Codel Delegation Trip	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6470
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3395.90
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 12 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Maria Elena Carrion		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 657.20
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Travel Expense Re: Congressional Codel Delegation Trip		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6472
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Restaurante Casa Lola		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 199.54
City San Juan	State PR Zip Code 00906	
Purpose of Disbursement Lunch Meeting Expense Re: Political Strategy.		Memo Item <input checked="" type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6505
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Restaurante Casa Lola		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address Ave Ashford 1006		Amount of Each Disbursement this Period 157.07
City San Juan	State PR Zip Code 00906	
Purpose of Disbursement Dinner Meeting Expense Re: Political Convention.		Memo Item <input checked="" type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6519
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	657.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 30 Evy Street		Amount of Each Disbursement this Period 80.00
City Washington State WA Zip Code 20003	Purpose of Disbursement Lunch Meeting Expense Re: DC Political Strategy .	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6503
State: District:		

Full Name (Last, First, Middle Initial) B. Hacienda Departamento de		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address Old San Juan		Amount of Each Disbursement this Period 1465.12
City San Juan State PR Zip Code 00901	Purpose of Disbursement Taxes	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6475
State: District:		

Full Name (Last, First, Middle Initial) c. Mitzie Gronau		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address Parque San Ignacio A-10 Upsala		Amount of Each Disbursement this Period 850.00
City San Juan State PR Zip Code 00921	Purpose of Disbursement Catering Expense for Activity 10/18/2014 - Nancy Pelosi	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6477
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2315.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. The Buccaneer Hotel		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 25200 GBS		Amount of Each Disbursement this Period 186.50
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Lodging Expense Re: Campaign Event.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6524
State: District:		

Full Name (Last, First, Middle Initial) B. Pedro Lopez		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address Calle San Jorge 357		Amount of Each Disbursement this Period 468.66
City San Juan	State PR	
Zip Code 00912	Purpose of Disbursement Setting Expense for Activity 10/18/2014 - Nancy Pelosi	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6479
State: District:		

Full Name (Last, First, Middle Initial) c. Panaderia Pelayo		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Calle Luisa 71 Condado		Amount of Each Disbursement this Period 24.35
City San Juan	State PR	
Zip Code 00907	Purpose of Disbursement Breakfast Meeting Expense Re: Political Affairs.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6501
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	468.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Dennise Perez		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 860.95
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement for Meetings Expenses Re: Press and Political Strategy.	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6483
State: District:		

Full Name (Last, First, Middle Initial) B. Dennise Perez		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 600.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6491
State: District:		

Full Name (Last, First, Middle Initial) C. Dennise Perez		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 2275.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6492
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3735.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Nancy A. Perez		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 72.74
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses Re: Office Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6493
State: District:		

Full Name (Last, First, Middle Initial) B. Nancy A. Perez		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 58.99
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses Re: Office Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6494
State: District:		

Full Name (Last, First, Middle Initial) c. Nancy A. Perez		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1860.00
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6495
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1991.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 182.50
City Guaynabo State PR Zip Code 00966	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Reimbursement Expense for National Democratic Club Membership and Misc.	Category/Type	Transaction ID : SB17.6496
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 737.19
City Guaynabo State PR Zip Code 00966	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Reimbursement for Dinner Meeting Expense Re: PR Event.	Category/Type	Transaction ID : SB17.6497
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 387.92
City Guaynabo State PR Zip Code 00966	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Reimbursement Meals Meetings Expenses Re: Political Affairs and DC Political Strategy	Category/Type	Transaction ID : SB17.6499
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1307.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 479.95
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Lunch Meetings Expenses Re: Political Strategy.		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6504
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 1015.01
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Lunch Meeting Expense Re: Political Convention		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6508
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 428.32
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement for Meals Meetings Expenses Re: Hispanic Heritage Awards _Event & Pol. Convention.		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6509
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1923.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 286.95
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Dinner Meeting Expense Re: Political Strategy.		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6513
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 272.07
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement Dinner Meeting Expense Re: Political Strategy and Convention.		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6516
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 491.65
City Guaynabo	State PR Zip Code 00966	
Purpose of Disbursement Reimbursement For Dinner & Lodging Expense Re: DC Fundraiser & Campaigning Event.		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6520
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1050.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Pedro R. Pierluisi		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PMB 232 1353 Road 19		Amount of Each Disbursement this Period 136.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.6525
City Guaynabo State PR Zip Code 00966	Purpose of Disbursement Reimbursement Expenses for AT&T Plan, NY Times Digital Subscription & NDC Membership Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Tercer Piso		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Villas del Parana S1 19 Calle 4		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.6526
City San Juan State PR Zip Code 00926	Purpose of Disbursement Advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 165.50 <input type="checkbox"/> Memo Item Transaction ID : SB17.6527
City San Juan State PR Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	801.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014		
Mailing Address PO Box 362708			Amount of Each Disbursement this Period 40.00		
City San Juan	State PR	Zip Code 00936	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Commercial Account Service Fee		Category/ Type	Transaction ID : SB17.6528		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Banco Popular de Puerto Rico			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014		
Mailing Address PO Box 362708			Amount of Each Disbursement this Period 335.00		
City San Juan	State PR	Zip Code 00936	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Monthly Merchant Account Fee		Category/ Type	Transaction ID : SB17.6529		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Banco Popular de Puerto Rico			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014		
Mailing Address PO Box 362708			Amount of Each Disbursement this Period 40.00		
City San Juan	State PR	Zip Code 00936	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Commercial Account Service Fee		Category/ Type	Transaction ID : SB17.6530		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	415.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 49.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Monthly Merchant Account Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6531
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Banco Popular de Puerto Rico		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address PO Box 362708		Amount of Each Disbursement this Period 40.00
City San Juan	State PR	
Zip Code 00936	Purpose of Disbursement Commercial Account Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mrs Mayra Ramirez de Arellano		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box 194980		Amount of Each Disbursement this Period 2325.00
City San Juan	State PR	
Zip Code 00919	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2414.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Avocado Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address Calle 4 B-3 Urb. Parkville		Amount of Each Disbursement this Period 354.95
City San Juan	State PR	
Zip Code 00926		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Dinner Meetings Expenses Re: Press and Political Strategy.		
Candidate Name		Transaction ID : SB17.6487
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. Cent. Michel Richard Restaurant		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1001 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 270.30
City Washington	State DC	
Zip Code 20004		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Dinner Meeting Expense Re: Hispanic Heritage Awards Event.		
Candidate Name		Transaction ID : SB17.6511
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. El Catador de Abreu Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 352 Ave. Eugenio Maria de Hostos		Amount of Each Disbursement this Period 280.41
City San Juan	State PR	
Zip Code 00917		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Lunch Meeting Expense Re: Political Strategy.		
Candidate Name		Transaction ID : SB17.6507
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Ghibellina Restaurant			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address 1610 14th Street N.W.			Amount of Each Disbursement this Period 286.95	
City Washington	State DC	Zip Code 20009	Category/ Type	
Purpose of Disbursement Dinner Meeting Expense Re: Political Strategy.				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.6515	
State: District:				

Full Name (Last, First, Middle Initial) B. La Ceiba Restaurant			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address Roosevelt Ave. 1239			Amount of Each Disbursement this Period 158.02	
City San Juan	State PR	Zip Code 00920	Category/ Type	
Purpose of Disbursement Lunch Meeting Expense Re: Political Convention.				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.6512	
State: District:				

Full Name (Last, First, Middle Initial) c. Le Diplomate Restaurant			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address 1601 14th St. NW			Amount of Each Disbursement this Period 305.15	
City Washington	State DC	Zip Code 20009	Category/ Type	
Purpose of Disbursement Dinner Expense Re: DC Fundraiser.				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.6522	
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Lima Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address Ave. Ponce de Leon 667		Amount of Each Disbursement this Period 249.35
City San Juan State PR Zip Code 00918	Purpose of Disbursement Lunch Meeting Expense Re: Press and Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6489
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. Pikayo Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Ave de Diego, Miramar		Amount of Each Disbursement this Period 737.19
City San Juan State PR Zip Code 00906	Purpose of Disbursement Dinner Meeting Expense Re: PR Event.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6498
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Pinoli Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 414 Ave. De Diego Urb. Puerto Nuevo		Amount of Each Disbursement this Period 283.57
City San Juan State PR Zip Code 00920	Purpose of Disbursement Dinner Meeting Expense Re: Political Affairs.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.6500
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Sal Pa Fuera Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address Carr 1 Km 30.9		Amount of Each Disbursement this Period 56.45
City Caguas	State PR	
Zip Code 00725	Purpose of Disbursement Lunch Meetings Expenses Re: Press and Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6485
State: District:		

Full Name (Last, First, Middle Initial) B. Tras-Patio Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address Calle Uruguay 115		Amount of Each Disbursement this Period 200.20
City San Juan	State PR	
Zip Code 00918	Purpose of Disbursement Lunch Meeting Expense Re: Press and Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6490
State: District:		

Full Name (Last, First, Middle Initial) c. Sarten Criollo Restaurant y Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 416 Km 2.0 Bo. Villarubia		Amount of Each Disbursement this Period 115.00
City Aguada	State PR	
Zip Code 00602	Purpose of Disbursement Dinner Meeting Expense Re: Political Strategy.	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6518
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Sprint USA		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 575.72
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Mobile Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6534
State: District:		

Full Name (Last, First, Middle Initial) B. Sprint USA		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 363.51
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Connection Data Plan	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6535
State: District:		

Full Name (Last, First, Middle Initial) c. Sprint USA		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 562.15
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Mobile Expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6536
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1501.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Sprint USA		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address PO Box 660092		Amount of Each Disbursement this Period 363.51
City Dallas	State TX	
Purpose of Disbursement Connection Data Plan		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:

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

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

SUBTOTAL of Disbursements This Page (optional).....	363.51
TOTAL This Period (last page this line number only).....	23736.51