

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 131

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC		2. IDENTIFICATION NUMBER C00420224
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Post Office Box 5353		
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	<p style="text-align: center;">Monthly Report Due On:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 04/01/2007	THROUGH 06/30/2007
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	248.56
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	191910.00
8. SUBTOTAL (Lines 6 and 7)	.....	192158.56
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	179893.84
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	12264.72
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	935000.00
13. EXPENDITURES SUBJECT TO LIMITATION	.....	-65063748.21
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	13516.51
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	912648.53

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 Claremont Ruff	Date 10/02/2007
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) COX 2008 COMMITTEE INC		Report Covering the Period From: 04/01/2007 To: 06/30/2007	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees		1410.00	13516.51
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		1410.00	13516.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		190000.00	935000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		190000.00	935000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		500.00	3617.85
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		500.00	3617.85
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		191910.00	952134.36
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		179893.84	916266.38
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		179893.84	939869.64
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC		2. IDENTIFICATION NUMBER C00420224
ADDRESS (number and street) Post Office Box 5353		
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089		

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	39904.80
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2892.97	South Carolina	1214.22	101460.06
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	95985.11	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	1214.22	243541.53

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 131
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Drona Achaiber		Date of Receipt																				
Mailing Address 5125 Heron Place		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	6		2	0	0	7													
City State Zip Code Coconut Creek FL 33073		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		25.00																				
Name of Employer Occupation Fidelity National Title Systems Administrator		Donation																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17A.5582																				
Election Cycle-to-Date ▼ 25.00																						

B. Full Name (Last, First, Middle Initial) Kim Axne		Date of Receipt																				
Mailing Address Post Office Box 96		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	7													
City State Zip Code Badger IA 50516		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		50.00																				
Name of Employer Occupation Land O'Lakes, Inc. Seed Supply/Distribution		Donation																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17A.5584																				
Election Cycle-to-Date ▼ 50.00																						

C. Full Name (Last, First, Middle Initial) William Benston		Date of Receipt																				
Mailing Address 319 Laurens Street SW Unit A3		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	7													
City State Zip Code Aiken SC 29081		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		10.00																				
Name of Employer Occupation Unknown Unknown		Donation																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17A.5586																				
Election Cycle-to-Date ▼ 10.00																						

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 131
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Thomas Berkeridge, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 344 Maple Trail		Amount of Each Receipt this Period 100.00	
City Crownsville	State MD	Zip Code 21032	Contribution Transaction ID: SA17A.5588
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <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. Mr. Clair Christy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 5254 Mill Stream Driev		Amount of Each Receipt this Period 25.00	
City St. Cloud	State FL	Zip Code 34771	Contribution Transaction ID: SA17A.5590
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer Semi-Retired	Occupation Conductor/Teacher		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		

Full Name (Last, First, Middle Initial) C. Keith Cingel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 100 Red Baron Drive		Amount of Each Receipt this Period 50.00	
City Severn	State AL	Zip Code 20999	Contribution Transaction ID: SA17A.5593
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer Santa Claus	Occupation Snowman		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶	175.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 131
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) John DeWees		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 36 Symor		Amount of Each Receipt this Period 100.00	
City State Zip Code Morristown NJ 07960	Contribution		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5595	
Name of Employer Team Fashions, Inc.	Occupation Owner	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 100.00			

B. Full Name (Last, First, Middle Initial) Walter and Polly Gee, III		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 298 Burger Town Road		Amount of Each Receipt this Period 25.00	
City State Zip Code Copperhill TN 37317	Contribution		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5597	
Name of Employer		Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ o		Election Cycle-to-Date ▼ 25.00	

C. Full Name (Last, First, Middle Initial) Matt Graves		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 295 14th Avenue SE		Amount of Each Receipt this Period 100.00	
City State Zip Code St. Cloud MN 56304	Contribution		
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5599	
Name of Employer U.S. Government/FISD		Occupation Special Agent	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 131
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Jose Guerrero		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 5209 Clay Street City State Zip Code Houston TX 77023		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5601
Name of Employer Frontline	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. Mr. Chris Huse		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address RR1 - Box 304 City State Zip Code Onida SD 57564		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5603
Name of Employer Self	Occupation Farmer	
Receipt For: 2008 <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) C. Theodore Lopez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7
Mailing Address 708 West Sitka City State Zip Code Tampa FL 33604		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5605
Name of Employer Busch Entertainment Corp.	Occupation Theme Park	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00	

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 131
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Gordon McNeill		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 7304 Carlton Center Road		Amount of Each Receipt this Period 25.00	
City Woodland	State MI	Zip Code 48897	
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5607	
Name of Employer Maple Valley Pharmacy	Occupation Pharmacist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		

B. Full Name (Last, First, Middle Initial) Greg Myers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 7	
Mailing Address Post Office Box 7790		Amount of Each Receipt this Period 100.00	
City Lakeland	State FL	Zip Code 33807	
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5619	
Name of Employer Southside Cleaners/Laundry	Occupation Dry Cleaning		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

C. Full Name (Last, First, Middle Initial) Ronald A Pankau		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 565 Juneberry Rd		Amount of Each Receipt this Period 500.00	
City Riverwoods	State IL	Zip Code 60015	
FEC ID number of contributing federal political committee.		Contribution Transaction ID: SA17A.5609	
Name of Employer None	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 131
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Roy Schoults Mailing Address 760 Somerville Street - #1 City State Zip Code Manchester NH 03103 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 7 Amount of Each Receipt this Period 5.00 Contribution Transaction ID: SA17A.5610
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 15.00		

B. Full Name (Last, First, Middle Initial) Ray Visotski Mailing Address 242 Magnolia Lake Road City State Zip Code Aiken SC 29803 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.5611
Name of Employer Occupation ARV Enterprises, LLC Funeral Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		

C. Full Name (Last, First, Middle Initial) James Williamson Mailing Address Post Office Box 220 City State Zip Code Savage MD 20763 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Contribution Transaction ID: SA17A.5613
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 131
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
		<input type="checkbox"/> 17c
		<input type="checkbox"/> 17d
		<input type="checkbox"/> 18
		<input type="checkbox"/> 20b
		<input type="checkbox"/> 20c
		<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Brent Zimmerman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 403 Leggatt Street		Amount of Each Receipt this Period 25.00
City Grand Haven	State MI	
Zip Code 49417		Contribution 25.00
FEC ID number of contributing federal political committee.		
Name of Employer Meijer, Inc.	Occupation Cashier	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	Transaction ID: SA17A.5615

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	1410.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 131
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 25000.00
City CHICAGO	State IL	
Zip Code 60611		Personal Loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5574
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 770000.00	

Full Name (Last, First, Middle Initial) B. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 15000.00
City CHICAGO	State IL	
Zip Code 60611		Personal Loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5575
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 785000.00	

Full Name (Last, First, Middle Initial) C. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State IL	
Zip Code 60611		Personal Loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5576
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 835000.00	

SUBTOTAL of Receipts This Page (optional) ▶	90000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 131
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 25000.00
City CHICAGO	State IL	
Zip Code 60611		Personal loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5577
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 860000.00	

Full Name (Last, First, Middle Initial) B. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 25000.00
City CHICAGO	State IL	
Zip Code 60611		Personal loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5578
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 885000.00	

Full Name (Last, First, Middle Initial) C. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 25000.00
City CHICAGO	State IL	
Zip Code 60611		Personal loan
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	Transaction ID: SA19A.5579
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 910000.00	

SUBTOTAL of Receipts This Page (optional) ▶	75000.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 131	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
<input type="checkbox"/> 18	<input type="checkbox"/> 21			

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. JOHN H COX		Date of Receipt
Mailing Address 55 E ERIE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City	State	Zip Code
CHICAGO	IL	60611
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text" value="25000.00"/>
Name of Employer	Occupation	Personal loan
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Transaction ID: SA19A.5580
<input type="text"/>		<input type="text" value="935000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="190000.00"/>

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 131
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Wright County Central Committee

Mailing Address
PO Box 128

City State Zip Code
Rowan IA 50470

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	7

Amount of Each Receipt this Period
500.00

Refund

Transaction ID: SA20A.5891

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Steve Adcock		Transaction ID: SB23.5623 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 101 North Wilmot Suite 400		Amount of Each Disbursement this Period 450.00
City Tuscon State AZ Zip Code 85711		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) B. Steve Adcock		Transaction ID: SB23.5625 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 101 North Wilmot Suite 400		Amount of Each Disbursement this Period 225.00
City Tuscon State AZ Zip Code 85711		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) C. Steve Adcock		Transaction ID: SB23.5626 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 101 North Wilmot Suite 400		Amount of Each Disbursement this Period 225.00
City Tuscon State AZ Zip Code 85711		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ..... ▶	.....

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 131

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Steve Adcock		Transaction ID: SB23.5629 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 101 North Wilmot Suite 400		Amount of Each Disbursement this Period 225.00
City Tuscon State AZ Zip Code 85711	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Adcock		Transaction ID: SB23.5630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 101 North Wilmot Suite 400		Amount of Each Disbursement this Period 225.00
City Tuscon State AZ Zip Code 85711	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5631 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 72.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	522.50
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1356.73
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB23.5633 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 84.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5634 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1508.23
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5636 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 30.63
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB23.5637 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 103.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5638 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1356.74
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1490.37

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 131

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5640 Date of Disbursement																					
Mailing Address 1 ADP Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	7														
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll services		101	80.50																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB23.5641 Date of Disbursement																					
Mailing Address 1 ADP Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	0	7														
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes		101	1356.73																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5642 Date of Disbursement																					
Mailing Address 1 ADP Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	8		2	0	0	7														
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll services		101	67.50																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

SUBTOTAL of Disbursements This Page (optional) ▶

1504.73

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 131

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5643 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 53.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB23.5644 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1169.59
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5645 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1348.73
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2571.32

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5646 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB23.5647 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB23.5649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1084.22
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1219.22

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB23.5651 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 53.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bob Andrews		Transaction ID: SB23.5652 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 500.00
City Stone Mountain State GA Zip Code 30087	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Andrews		Transaction ID: SB23.5653 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 79.00
City Stone Mountain State GA Zip Code 30087	101 Category/ Type	
Purpose of Disbursement Website name reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

632.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Bob Andrews		Transaction ID: SB23.5654 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 1750.00
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Andrews		Transaction ID: SB23.5655 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 1250.00
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bob Andrews		Transaction ID: SB23.5909 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 909.91 [MEMO ITEM]
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Delivery of campaign materials Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Bob Andrews		Transaction ID: SB23.5657 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 1250.00
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Andrews		Transaction ID: SB23.5870 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 1250.00
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bob Andrews		Transaction ID: SB23.5658 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 847.28
City Stone Mountain State GA Zip Code 30087	Purpose of Disbursement Miscellaneous reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3347.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Avis Car Rental		Transaction ID: SB23.5658.2 Date of Disbursement 05 / 21 / 2007
Mailing Address 933 North Hairston Street		Amount of Each Disbursement this Period 242.81 [MEMO ITEM]
City Stone Mountain State GA Zip Code 30083		
Purpose of Disbursement Car Rental - South Carolina Events Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 101	

Full Name (Last, First, Middle Initial) B. Wingate Inn Harbison		Transaction ID: SB23.5658.6 Date of Disbursement 05 / 16 / 2007
Mailing Address 217 Lanneau Court		Amount of Each Disbursement this Period 219.78 [MEMO ITEM]
City Columbia State SC Zip Code 29212		
Purpose of Disbursement Travel expenses - South Carolina events Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 101	

Full Name (Last, First, Middle Initial) C. Bob Andrews		Transaction ID: SB23.5660 Date of Disbursement 06 / 15 / 2007
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 250.00
City Stone Mountain State GA Zip Code 30087		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 101	

SUBTOTAL of Disbursements This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Aristotle		Transaction ID: SB23.5661 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 202.68
City Washington State DC Zip Code 20003	101 Category/ Type	
Purpose of Disbursement Voter List		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Danny Carlton		Transaction ID: SB23.5665 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 19724 East Pine #149		Amount of Each Disbursement this Period 200.00
City Catoosa State OK Zip Code 74017	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Danny Carlton		Transaction ID: SB23.5668 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 19724 East Pine #149		Amount of Each Disbursement this Period 100.00
City Catoosa State OK Zip Code 74017	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	502.68
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Danny Carlton		Transaction ID: SB23.5669 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 19724 East Pine #149		Amount of Each Disbursement this Period 100.00
City Catoosa State OK Zip Code 74017	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB23.5674 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 825 West Euclid		Amount of Each Disbursement this Period 39.00
City Palatine State IL Zip Code 60067	Purpose of Disbursement Fees Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB23.5681 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 825 West Euclid		Amount of Each Disbursement this Period 12.00
City Palatine State IL Zip Code 60067	Purpose of Disbursement Wire fee Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	151.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Chase Bank		Transaction ID: SB23.5675	
Mailing Address 825 West Euclid		Date of Disbursement 05 / 02 / 2007	
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period 39.00
Purpose of Disbursement Fees		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB23.5682	
Mailing Address 825 West Euclid		Date of Disbursement 05 / 30 / 2007	
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period 12.00
Purpose of Disbursement Wire fee		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB23.5683	
Mailing Address 825 West Euclid		Date of Disbursement 06 / 12 / 2007	
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period 63.75
Purpose of Disbursement New checks		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

SUBTOTAL of Disbursements This Page (optional)	114.75
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Chase Bank		Transaction ID: SB23.5684 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	7	7														
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire fee		101	12.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB23.5685 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	9		2	0	7	7														
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire fee		101	12.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB23.5686 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	7	7														
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire fee		101	12.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

SUBTOTAL of Disbursements This Page (optional)	▶	36.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. City of Dubuque		Transaction ID: SB23.5869
Mailing Address 830 Bluff Street		Date of Disbursement MM / DD / YYYY 04 / 16 / 2007
City Dubuque	State IA	Zip Code 52001
Purpose of Disbursement Parking Ticket #345777	Amount of Each Disbursement this Period 35.00	
Candidate Name COX 2008 COMMITTEE INC	101 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Colby Trust		Transaction ID: SB23.5670
Mailing Address 6581 University Avenue		Date of Disbursement MM / DD / YYYY 04 / 26 / 2007
City Des Moines	State IA	Zip Code 50311
Purpose of Disbursement Rent and utilities	Amount of Each Disbursement this Period 1176.82	
Candidate Name COX 2008 COMMITTEE INC	101 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Colby Trust		Transaction ID: SB23.5671
Mailing Address 6581 University Avenue		Date of Disbursement MM / DD / YYYY 05 / 30 / 2007
City Des Moines	State IA	Zip Code 50311
Purpose of Disbursement Rent and utilities	Amount of Each Disbursement this Period 1176.82	
Candidate Name COX 2008 COMMITTEE INC	101 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	2388.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Colby Trust		Transaction ID: SB23.5672	
Mailing Address 6581 University Avenue		Date of Disbursement MM / DD / YYYY 06 / 18 / 2007	
City Des Moines	State IA	Zip Code 50311	Amount of Each Disbursement this Period 274.48
Purpose of Disbursement Rent and utilities		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) B. Colby Trust		Transaction ID: SB23.5673	
Mailing Address 6581 University Avenue		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007	
City Des Moines	State IA	Zip Code 50311	Amount of Each Disbursement this Period 1176.82
Purpose of Disbursement Rent and utilities		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) C. Color Craft Printing		Transaction ID: SB23.5687	
Mailing Address 7621 Baltimore Annapolis Blvd		Date of Disbursement MM / DD / YYYY 04 / 06 / 2007	
City Glen Burnie	State MD	Zip Code 21060	Amount of Each Disbursement this Period 86.71
Purpose of Disbursement Business Cards		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

SUBTOTAL of Disbursements This Page (optional)	1538.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: SB23.5688 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 4400 Belle Oakes Drive		Amount of Each Disbursement this Period 401.39
City Charleston State SC Zip Code 29405	Purpose of Disbursement Cable service	
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Comcast		Transaction ID: SB23.5689 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 4400 Belle Oakes Drive		Amount of Each Disbursement this Period 157.35
City Charleston State SC Zip Code 29405	Purpose of Disbursement Cable service	
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: SB23.5690 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 4400 Belle Oakes Drive		Amount of Each Disbursement this Period 157.35
City Charleston State SC Zip Code 29405	Purpose of Disbursement Cable service	
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	716.09
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: SB23.5691 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 4400 Belle Oakes Drive		Amount of Each Disbursement this Period 157.35
City Charleston State SC Zip Code 29405	101 Category/ Type	
Purpose of Disbursement Cable service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Edward Cousar		Transaction ID: SB23.5692 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period 1030.01
City Catawba State SC Zip Code 29704	101 Category/ Type	
Purpose of Disbursement Mileage reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Edward Cousar		Transaction ID: SB23.5692.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period 520.34 [MEMO ITEM]
City Catawba State SC Zip Code 29704	101 Category/ Type	
Purpose of Disbursement April mileage		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1187.36
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Mercato		Transaction ID: SB23.5692.1 Date of Disbursement MM / DD / YYYY 04 / 13 / 2007
Mailing Address 102 North Market Street		Amount of Each Disbursement this Period 145.57
City Charleston State CA Zip Code 29401	Purpose of Disbursement Meal Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Ramada Inn		Transaction ID: SB23.5692.2 Date of Disbursement MM / DD / YYYY 04 / 14 / 2007
Mailing Address 7401 Northwoods Boulevard		Amount of Each Disbursement this Period 116.50
City Charleston State SC Zip Code 29406	Purpose of Disbursement Lodging Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Kangaroo		Transaction ID: SB23.5692.3 Date of Disbursement MM / DD / YYYY 04 / 14 / 2007
Mailing Address 2957 West Montague		Amount of Each Disbursement this Period 12.88
City North Charleston State SC Zip Code 29418	Purpose of Disbursement Gasoline Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Republic Parking System		Transaction ID: SB23.5692.4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 174 Meeting Street		Amount of Each Disbursement this Period 14.50
City Charleston State SC Zip Code 29401	[MEMO ITEM]	
Purpose of Disbursement Parking Fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Chili's		Transaction ID: SB23.5692.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 2599 Whisky Road		Amount of Each Disbursement this Period 29.48
City Aiken State SC Zip Code 29803	[MEMO ITEM]	
Purpose of Disbursement Meal Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kangaroo		Transaction ID: SB23.5692.6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 2957 West Montague		Amount of Each Disbursement this Period 29.12
City North Charleston State SC Zip Code 29418	[MEMO ITEM]	
Purpose of Disbursement Gas Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A. Full Name (Last, First, Middle Initial) RPS Columbia South Carolina</p> <p>Mailing Address 3026 Aviation Way</p> <p>City West Columbia State SC Zip Code 29170</p> <p>Purpose of Disbursement Parking</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p>		<p>Transaction ID: SB23.5692.7</p> <p>Date of Disbursement 04 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 48.00</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 101</p>

<p>B. Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 939 Plesantsburg Drive</p> <p>City Greenville State SC Zip Code 29607</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: SB23.5692.8</p> <p>Date of Disbursement 04 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 5.65</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 101</p>

<p>C. Full Name (Last, First, Middle Initial) Quick Mart</p> <p>Mailing Address 2300 Edmund Highway West</p> <p>City Columbia State SC Zip Code 29201</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p>		<p>Transaction ID: SB23.5692.9</p> <p>Date of Disbursement 04 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 30.27</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 101</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Exxon Express		Transaction ID: SB23.5692.10 Date of Disbursement MM / DD / YYYY 04 / 20 / 2007
Mailing Address 4538 North Highway 81		Amount of Each Disbursement this Period 36.76
City Anderson	State SC Zip Code 29625	
Purpose of Disbursement Gas		[MEMO ITEM]
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Edgefield Fuel		Transaction ID: SB23.5692.11 Date of Disbursement MM / DD / YYYY 04 / 18 / 2007
Mailing Address 311 Main Street		Amount of Each Disbursement this Period 40.94
City Edgefield	State SC Zip Code 29824	
Purpose of Disbursement Gas for rental		[MEMO ITEM]
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. CPAC		Transaction ID: SB23.5693 Date of Disbursement MM / DD / YYYY 04 / 03 / 2007
Mailing Address 1007 Cameron Street		Amount of Each Disbursement this Period 600.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Advertising		[MEMO ITEM]
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ►

600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 131

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Jill Dworski		Transaction ID: SB23.5695 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 92 Woodstone Drive		Amount of Each Disbursement this Period 271.04
City Buffalo Grove	State IL	
Zip Code 60089		
Purpose of Disbursement Reimbursement	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: SB23.5696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 489.33
City Nashville	State TN	
Zip Code 39240		
Purpose of Disbursement Delivery service	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB23.5697 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 34.89
City Nashville	State TN	
Zip Code 39240		
Purpose of Disbursement Delivery service	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	795.26
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. GBC Blue Group		Transaction ID: SB23.5699 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 5721 SE Columbia Way Suite 190		Amount of Each Disbursement this Period 13.50
City Vancouver State WA Zip Code 98661		
Purpose of Disbursement Internet service Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) B. Georgia Republican Party		Transaction ID: SB23.5701 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address Post Office Box550008		Amount of Each Disbursement this Period 150.00
City Atlanta State GA Zip Code 30355		
Purpose of Disbursement Convention fee Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) C. Adam Graham		Transaction ID: SB23.5703 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 2834 Abbs Lane		Amount of Each Disbursement this Period 200.00
City Boise State ID Zip Code 83705		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	363.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Adam Graham		Transaction ID: SB23.5705	
Mailing Address 2834 Abbs Lane		Date of Disbursement 05 / 15 / 2007	
City Boise	State ID	Zip Code 83705	Amount of Each Disbursement this Period 100.50
Purpose of Disbursement Salary		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) B. Adam Graham		Transaction ID: SB23.5706	
Mailing Address 2834 Abbs Lane		Date of Disbursement 05 / 30 / 2007	
City Boise	State ID	Zip Code 83705	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Salary		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) C. Adam Graham		Transaction ID: SB23.5707	
Mailing Address 2834 Abbs Lane		Date of Disbursement 06 / 29 / 2007	
City Boise	State ID	Zip Code 83705	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Salary		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

SUBTOTAL of Disbursements This Page (optional) ►

300.50

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Greenville South Carolina Republican Party		Transaction ID: SB23.5708 Date of Disbursement
Mailing Address Post Office Box 5205		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Greenville	State SC	Zip Code 29607
Purpose of Disbursement Registration costs		<input type="text" value="250.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Stacy Harp		Transaction ID: SB23.5710 Date of Disbursement
Mailing Address 4315 West Chapman Avenue		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Orange	State CA	Zip Code 92868
Purpose of Disbursement Salary		<input type="text" value="200.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Stacy Harp		Transaction ID: SB23.5712 Date of Disbursement
Mailing Address 4315 West Chapman Avenue		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Orange	State CA	Zip Code 92868
Purpose of Disbursement Salary		<input type="text" value="100.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Stacy Harp		Transaction ID: SB23.5879 Date of Disbursement 05 / 30 / 2007
Mailing Address 4315 West Chapman Avenue		Amount of Each Disbursement this Period 100.00
City Orange State CA Zip Code 92868	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stacy Harp		Transaction ID: SB23.5713 Date of Disbursement 06 / 29 / 2007
Mailing Address 4315 West Chapman Avenue		Amount of Each Disbursement this Period 100.00
City Orange State CA Zip Code 92868	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linda Harrington		Transaction ID: SB23.5714 Date of Disbursement 04 / 03 / 2007
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Linda Harrington		Transaction ID: SB23.5716 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Linda Harrington		Transaction ID: SB23.5717 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Linda Harrington		Transaction ID: SB23.5718 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Linda Harrington		Transaction ID: SB23.5719 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Linda Harrington		Transaction ID: SB23.5720 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 500.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Linda Harrington		Transaction ID: SB23.5721 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period 625.00
City Albion State IA Zip Code 50005	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Dan Herren		Transaction ID: SB23.5722 Date of Disbursement 04 / 10 / 2007
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 632.67
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vonage		Transaction ID: SB23.5722.0 Date of Disbursement 04 / 10 / 2007
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 139.86
City Holmdel State NJ Zip Code 07733	104 Category/ Type	
Purpose of Disbursement Telephone Service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. South Carolina Energy & Gas		Transaction ID: SB23.5722.1 Date of Disbursement 04 / 10 / 2007
Mailing Address 1400 Lady Street		Amount of Each Disbursement this Period 228.38
City Columbia State SC Zip Code 29201	104 Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	632.67
TOTAL This Period (last page this line number only)	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Dan Herren		Transaction ID: SB23.5722.3 Date of Disbursement MM / DD / YYYY 04 / 10 / 2007
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 218.50 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Mileage Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		

Full Name (Last, First, Middle Initial) B. Dan Herren		Transaction ID: SB23.5723 Date of Disbursement MM / DD / YYYY 04 / 19 / 2007
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 1150.46 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Transaction ID: SB23.5723.5 Date of Disbursement MM / DD / YYYY 04 / 12 / 2007
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 417.90 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Convention Handouts Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		

SUBTOTAL of Disbursements This Page (optional) ▶	1150.46
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: SB23.5723.6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 13.00 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Postcards for Aiken delegates Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) B. Ramada Inn		Transaction ID: SB23.5723.9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7
Mailing Address 7401 Northwoods Boulevard		Amount of Each Disbursement this Period 116.50 [MEMO ITEM]
City Charleston State SC Zip Code 29406		
Purpose of Disbursement Hotel accomodations Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) C. Dan Herren		Transaction ID: SB23.5723.10 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 252.76 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Mileage - 04.11.04 - 04.14.07 Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Dan Herren		Transaction ID: SB23.5724 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 1286.32
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dan Herren		Transaction ID: SB23.5724.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 348.44
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Mileage - 04.18.07 - 04.21.07 Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Transaction ID: SB23.5724.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 151.20
City Greenville State SC Zip Code 29607	Purpose of Disbursement Aiken victory press release Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1286.32
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: SB23.5724.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 674.63 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Packets for Convention	101 Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dan Herren		Transaction ID: SB23.5725 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 2015.90 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement	101 Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dan Herren		Transaction ID: SB23.5725.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 254.54 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Mileage reimbursement	101 Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2015.90
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: SB23.5725.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 53.76 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Press Kits - Chicago - LA	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Transaction ID: SB23.5725.4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 21.42 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Press Kits - Chicago - LA	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Talbot Hotel		Transaction ID: SB23.5725.8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 20 Esat Delaware Place		Amount of Each Disbursement this Period 482.38 [MEMO ITEM]
City Chicago State IL Zip Code 60611		
Purpose of Disbursement Hotel accomodations	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Loews Santa Monica		Transaction ID: SB23.5725.13 Date of Disbursement MM / DD / YYYY 05 / 04 / 2007
Mailing Address 1700 Ocean Avenue		Amount of Each Disbursement this Period 843.31 [MEMO ITEM]
City Santa Monica	State CA	
Zip Code 90401	Purpose of Disbursement Hotel Accomodations	
Candidate Name COX 2008 COMMITTEE INC	Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Dan Herren		Transaction ID: SB23.5726 Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 1959.56 [MEMO ITEM]
City Mauldin	State SC	
Zip Code 29662	Purpose of Disbursement Reimbursement	
Candidate Name COX 2008 COMMITTEE INC	Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Hertz - Cleveland		Transaction ID: SB23.5726.3 Date of Disbursement MM / DD / YYYY 06 / 07 / 2007
Mailing Address 5300 Riverside Drive		Amount of Each Disbursement this Period 313.86 [MEMO ITEM]
City Cleveland	State OH	
Zip Code 44135	Purpose of Disbursement Car Rental	
Candidate Name COX 2008 COMMITTEE INC	Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	1959.56
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB23.5726.4 Date of Disbursement MM / DD / YYYY 05 / 20 / 2007
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 92.24 [MEMO ITEM]
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement Cell phone Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) B. Dan Herren		Transaction ID: SB23.5726.9 Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 338.66 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Mileage - May & June Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Transaction ID: SB23.5726.11 Date of Disbursement MM / DD / YYYY 05 / 18 / 2007
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 447.30 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Flyers - SCGOP Convention Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Marriott Hotels & Resorts		Transaction ID: SB23.5726.13 Date of Disbursement MM / DD / YYYY 05 / 18 / 2007
Mailing Address 1200 Hampton Street		Amount of Each Disbursement this Period 165.39
City Columbia State SC Zip Code 29201	Purpose of Disbursement Hotel accommodations Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB23.5726.14 Date of Disbursement MM / DD / YYYY 05 / 15 / 2007
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 147.50
City Worcester State MA Zip Code 01654-0001	Purpose of Disbursement Cell phone - 04.12.07 - 04.20.07 Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS - Mauldin, SC		Transaction ID: SB23.5726.15 Date of Disbursement MM / DD / YYYY 05 / 24 / 2007
Mailing Address 498 North Main Street		Amount of Each Disbursement this Period 16.25
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Express Mail Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: SB23.5726.16 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 6.70 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Press Kits - New Hampshire	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Huff		Transaction ID: SB23.5727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Steve Huff		Transaction ID: SB23.5728 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.91
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2219.83
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Steve Huff		Transaction ID: SB23.5729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Huff		Transaction ID: SB23.5730 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Steve Huff		Transaction ID: SB23.5731 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3329.76
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Steve Huff		Transaction ID: SB23.5732 Date of Disbursement 06 / 30 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester	State IA	
Zip Code 52056	Purpose of Disbursement Salary	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101
State: District: 02		

Full Name (Last, First, Middle Initial) B. Illinois Secretary of State		Transaction ID: SB23.5734 Date of Disbursement 05 / 11 / 2007
Mailing Address 501 South Second Street		Amount of Each Disbursement this Period 25.00
City Springfield	State IL	
Zip Code 62756	Purpose of Disbursement Corporate filings	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101
State: District: 02		

Full Name (Last, First, Middle Initial) C. Imagelink, Inc.		Transaction ID: SB23.5735 Date of Disbursement 05 / 11 / 2007
Mailing Address 1379 Chattahoochee Avenue		Amount of Each Disbursement this Period 471.96
City Atlanta	State GA	
Zip Code 30318	Purpose of Disbursement Copy services	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	1606.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Iowa Events Center		Transaction ID: SB23.5884 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 730 3rd Street		Amount of Each Disbursement this Period 414.50
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Banquet Services Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Iowa Republican Party		Transaction ID: SB23.5737 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 621 Esat Ninth Street		Amount of Each Disbursement this Period 15000.00
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Iowa Straw Poll Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Lennie Jarrett		Transaction ID: SB23.5740 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period 100.00
City Round Lake Beach	State IL	
Zip Code 60073		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	15514.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Lennie Jarrett		Transaction ID: SB23.5743 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period 100.00
City Round Lake Beach	State IL Zip Code 60073	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lennie Jarrett		Transaction ID: SB23.5744 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period 100.00
City Round Lake Beach	State IL Zip Code 60073	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lennie Jarrett		Transaction ID: SB23.5745 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period 100.00
City Round Lake Beach	State IL Zip Code 60073	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ..... ▶	.....

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Law Offices of Mark W. Hardee		Transaction ID: SB23.5746 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1426 Richland Street		Amount of Each Disbursement this Period 3549.65
City Columbia State SC Zip Code 29201	101 Category/ Type	
Purpose of Disbursement Legal services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Martin E Janis & Company Inc		Transaction ID: SB23.5748 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 625 North Michigan Ave Suite 420		Amount of Each Disbursement this Period 3546.31
City Chicago State IL Zip Code 60611	101 Category/ Type	
Purpose of Disbursement Media		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Kimberly McClendon		Transaction ID: SB23.5749 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period 750.00
City San Antonio State TX Zip Code 78249	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	7845.96
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Kimberly McClendon		Transaction ID: SB23.5751 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period 1500.00
City San Antonio State TX Zip Code 78249	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kimberly McClendon		Transaction ID: SB23.5753 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period 738.00
City San Antonio State TX Zip Code 78249	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kimberly McClendon		Transaction ID: SB23.5754 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period 738.00
City San Antonio State TX Zip Code 78249	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2976.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Kimberly McClendon		Transaction ID: SB23.5757 Date of Disbursement 06 / 29 / 2007	
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period 730.00	
City San Antonio	State TX		Zip Code 78249
Purpose of Disbursement Salary			101 Category/Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) B. McCormick County Republican Party		Transaction ID: SB23.5758 Date of Disbursement 04 / 03 / 2007	
Mailing Address 143 Madison Drive		Amount of Each Disbursement this Period 52.00	
City McCormick	State SC		Zip Code 29835
Purpose of Disbursement Dinner expenses			101 Category/Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) C. Merrimack Restaurant		Transaction ID: SB23.5865 Date of Disbursement 04 / 26 / 2007	
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00	
City Manchester	State NH		Zip Code 03101
Purpose of Disbursement 05.08 - rental of second floor office			101 Category/Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

SUBTOTAL of Disbursements This Page (optional) ▶	2582.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Merrimack Restaurant		Transaction ID: SB23.5866 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester State NH Zip Code 03101	101 Category/ Type	
Purpose of Disbursement 06.08 - rental of second floor office		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merrimack Restaurant		Transaction ID: SB23.5868 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester State NH Zip Code 03101	101 Category/ Type	
Purpose of Disbursement 08.07 rent of second floor office		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. New Hampshire GOP		Transaction ID: SB23.5760 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 10 Water Street		Amount of Each Disbursement this Period 2000.00
City Concord State NH Zip Code 03301	101 Category/ Type	
Purpose of Disbursement Registration expenses		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5600.00
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. New Hampshire GOP		Transaction ID: SB23.5762
Mailing Address 10 Water Street		Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Expenses		Amount of Each Disbursement this Period 300.00
Candidate Name COX 2008 COMMITTEE INC	<input type="text" value="101"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Office of the Attorney General - Employer Maintenance		Transaction ID: SB23.5763
Mailing Address Post Office Box 10		Date of Disbursement MM / DD / YYYY 04 / 11 / 2007
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Salary expense - Utz		Amount of Each Disbursement this Period 150.00
Candidate Name COX 2008 COMMITTEE INC	<input type="text" value="101"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Office of the Attorney General - Employer Maintenance		Transaction ID: SB23.5764
Mailing Address Post Office Box 10		Date of Disbursement MM / DD / YYYY 04 / 26 / 2007
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Salary expense - Utz		Amount of Each Disbursement this Period 150.00
Candidate Name COX 2008 COMMITTEE INC	<input type="text" value="101"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Salary expense - Utz

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: House
 Senate
 President
State: District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5766

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Salary expense - Utz

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: House
 Senate
 President
State: District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5767

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Salary expense - Utz

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: House
 Senate
 President
State: District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5768

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) ▶

450.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Office of the Attorney General - Employer Maintenance		Transaction ID: SB23.5769 Date of Disbursement
Mailing Address Post Office Box 10		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Salary expense - Utz		<input type="text" value="150.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Omni Hotel Shoreham		Transaction ID: SB23.5770 Date of Disbursement
Mailing Address 2500 Calvert Street NW		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Lodging and convention expenses		<input type="text" value="3356.01"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Parallax Films		Transaction ID: SB23.5771 Date of Disbursement
Mailing Address 415 Imperial Highway Suite C		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City La Habra	State CA	Zip Code 90631
Purpose of Disbursement Media		<input type="text" value="2000.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5506.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Public Service of New Hampshire		Transaction ID: SB23.5773 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 24.73
City Manchester State NH Zip Code 03105	101 Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Public Service of New Hampshire		Transaction ID: SB23.5774 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 21.91
City Manchester State NH Zip Code 03105	101 Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Public Service of New Hampshire		Transaction ID: SB23.5775 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address PO Box 360		Amount of Each Disbursement this Period 23.31
City Manchester State NH Zip Code 03105	101 Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	69.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Patrick Quinn		Transaction ID: SB23.5882 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1717 Old Delaware Road		Amount of Each Disbursement this Period 500.00
City Mt. Vernon State OH Zip Code 43050	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qwest		Transaction ID: SB23.5778 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 91154		Amount of Each Disbursement this Period 1092.94
City Seattle State WA Zip Code 98111	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Qwest		Transaction ID: SB23.5779 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 91154		Amount of Each Disbursement this Period 188.57
City Seattle State WA Zip Code 98111	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **1781.51**

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Qwest		Transaction ID: SB23.5780 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address Post Office Box 91154		Amount of Each Disbursement this Period 189.14
City Seattle State WA Zip Code 98111	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qwest		Transaction ID: SB23.5782 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Post Office Box 91154		Amount of Each Disbursement this Period 189.07
City Seattle State WA Zip Code 98111	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. reimagine		Transaction ID: SB23.5783 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address P2310 Lochinvar Drive		Amount of Each Disbursement this Period 2000.00
City Durham State NC Zip Code 27705	101 Category/ Type	
Purpose of Disbursement Website		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2378.21
TOTAL This Period (last page this line number only) ..... ▶	.....

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) reimagine		Transaction ID: SB23.5785 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P2310 Lochinvar Drive		Amount of Each Disbursement this Period 1000.00
City Durham State NC Zip Code 27705	101 Category/ Type	
Purpose of Disbursement Website Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) reimagine		Transaction ID: SB23.5786 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P2310 Lochinvar Drive		Amount of Each Disbursement this Period 1000.00
City Durham State NC Zip Code 27705	101 Category/ Type	
Purpose of Disbursement Website Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Republican Party of Iowa		Transaction ID: SB23.5902 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 621 East Ninth Street		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	101 Category/ Type	
Purpose of Disbursement Convention expenses Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Richland County GOP		Transaction ID: SB23.5787 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 6754		Amount of Each Disbursement this Period 300.00
City Columbia State SC Zip Code 29260	101 Category/ Type	
Purpose of Disbursement Convention registration		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5789 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chris Richter		Transaction ID: SB23.5790 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 609.51
City Manchester State NH Zip Code 03104	101 Category/ Type	
Purpose of Disbursement Reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2545.84
TOTAL This Period (last page this line number only) ..... ▶	.....

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Radisson Hotel		Transaction ID: SB23.5790.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 700 Elm Street		Amount of Each Disbursement this Period 253.12 [MEMO ITEM]
City Manchester State NH Zip Code 03103		
Purpose of Disbursement Hotel Accomodations	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5791 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chris Richter		Transaction ID: SB23.5792 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3272.66
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Chris Richter		Transaction ID: SB23.5793 Date of Disbursement 05 / 15 / 2007	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 245.84	
City Manchester State NH Zip Code 03104	Purpose of Disbursement Cell phone Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5794 Date of Disbursement 05 / 15 / 2007	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 225.98	
City Manchester State NH Zip Code 03104	Purpose of Disbursement Telephone reimbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB23.5794.0 Date of Disbursement 05 / 17 / 2007	
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 225.98	
City Worcester State MA Zip Code 01654-0001	Purpose of Disbursement Cellular telephone Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	471.82
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Chris Richter		Transaction ID: SB23.5795 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 230.85
City Manchester State NH Zip Code 03104	101 Category/ Type	
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5796 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chris Richter		Transaction ID: SB23.5797 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 170.04
City Manchester State NH Zip Code 03104	101 Category/ Type	
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2037.22
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Radisson Hotel		Transaction ID: SB23.5797.5 Date of Disbursement																					
Mailing Address 700 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	4		2	0	0	7														
City Manchester	State NH	Zip Code 03103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Parking for Event		101	3.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5798 Date of Disbursement																					
Mailing Address 33 Ashland Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
City Manchester	State NH	Zip Code 03104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary		101	1636.33																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) C. Chris Richter		Transaction ID: SB23.5799 Date of Disbursement																					
Mailing Address 33 Ashland Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	7		2	0	0	7														
City Manchester	State NH	Zip Code 03104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone reimbursement		101	171.60																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

SUBTOTAL of Disbursements This Page (optional)	▶	1807.93
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB23.5799.0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 171.60 [MEMO ITEM]	
City Worcester	State MA		Zip Code 01654-0001
Purpose of Disbursement Cell phone - June			101 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) B. Chris Richter		Transaction ID: SB23.5800 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 881.60	
City Manchester	State NH		Zip Code 03104
Purpose of Disbursement Salary			101 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) C. Robert George Productions, Inc.		Transaction ID: SB23.5801 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 4118 Covey Run		Amount of Each Disbursement this Period 245.00	
City Naples	State FL		Zip Code 34109
Purpose of Disbursement Media			101 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

SUBTOTAL of Disbursements This Page (optional) ▶	1126.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. SDS Distributing		Transaction ID: SB23.5900 Date of Disbursement
Mailing Address 4836 Jersey Ridge Road		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Davenport	State IA	Zip Code 52807
Purpose of Disbursement Jays Potato Chips	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="201.60"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Carl Segvich		Transaction ID: SB23.5803 Date of Disbursement
Mailing Address 3110 South Wells		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City Chicago	State IL	Zip Code 60616
Purpose of Disbursement Salary	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="625.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Service U Corporation		Transaction ID: SB23.5896 Date of Disbursement
Mailing Address 60 Germantown Court Suite 202		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Cordova	State TN	Zip Code 38018
Purpose of Disbursement Scheduling Services	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="259.45"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1086.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Service U Corporation		Transaction ID: SB23.5898 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 60 Germantown Court Suite 202		Amount of Each Disbursement this Period 124.92
City Cordova State TN Zip Code 38018	101 Category/ Type	
Purpose of Disbursement Scheduling Services		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SOUTH CAROLINA REPUBLICAN PARTY		Transaction ID: SB23.5804 Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2007
Mailing Address P O Box 12373		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	101 Category/ Type	
Purpose of Disbursement Silver Elephant Dinner and Convention		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA REPUBLICAN PARTY		Transaction ID: SB23.5806 Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2007
Mailing Address P O Box 12373		Amount of Each Disbursement this Period 25000.00
City Columbia State SC Zip Code 29211	101 Category/ Type	
Purpose of Disbursement Primary election ballot fee		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	26124.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Spartanburg County Republican Party		Transaction ID: SB23.5809 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 29304		Amount of Each Disbursement this Period 250.00
City Spartanbrug State SC Zip Code 29304	101 Category/ Type	
Purpose of Disbursement Convention expenses		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Special Guests		Transaction ID: SB23.5811 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 2000.00
City Naperville State IL Zip Code 60564	101 Category/ Type	
Purpose of Disbursement Media services - Invoice No. 5058		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Special Guests		Transaction ID: SB23.5813 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 3000.00
City Naperville State IL Zip Code 60564	101 Category/ Type	
Purpose of Disbursement Media services - Invoice No. 5083		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5250.00
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Special Guests		Transaction ID: SB23.5815 Date of Disbursement
Mailing Address 9 S 157 Route 59		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Media services - 06.13.07		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="4850.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Special Guests		Transaction ID: SB23.5816 Date of Disbursement
Mailing Address 9 S 157 Route 59		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Media services - retainer		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. Spectrum Monthly & Printing		Transaction ID: SB23.5817 Date of Disbursement
Mailing Address 95 Eddy Road Suite 101		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City Manchester	State NH	Zip Code 03102
Purpose of Disbursement Invoice No. 60703		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="1722.85"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8572.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Joe Speranzella		Transaction ID: SB23.5822 Date of Disbursement 05 / 15 / 2007
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period 200.00
City Crisfield State MD Zip Code 21817	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joe Speranzella		Transaction ID: SB23.5818 Date of Disbursement 05 / 30 / 2007
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period 100.00
City Crisfield State MD Zip Code 21817	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joe Speranzella		Transaction ID: SB23.5821 Date of Disbursement 06 / 15 / 2007
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period 100.00
City Crisfield State MD Zip Code 21817	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Joe Speranzella		Transaction ID: SB23.5823 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period 100.00
City Crisfield State MD Zip Code 21817	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB23.5824 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 1901 L Street		Amount of Each Disbursement this Period 652.27
City Washington State DC Zip Code 20036	101 Category/ Type	
Purpose of Disbursement Convention materials		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Barbara Tarallo		Transaction ID: SB23.5890 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 661.08
City Derry State NH Zip Code 03038	101 Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1413.35
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. True-South Communications SC LLC		Transaction ID: SB23.5827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. True-South Communications SC LLC		Transaction ID: SB23.5828 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 942.64
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Transaction ID: SB23.5828.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 91.18 [MEMO ITEM]
City Greenville State SC Zip Code 29607	103 Category/ Type	
Purpose of Disbursement Post cards for Straw Polls		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4030.64
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. USPS - Mauldin, SC		Transaction ID: SB23.5828.2 Date of Disbursement MM / DD / YYYY 04 / 17 / 2007
Mailing Address 498 North Main Street		Amount of Each Disbursement this Period 384.00 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Postage for post cards Candidate Name COX 2008 COMMITTEE INC Category/Type 103		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Transaction ID: SB23.5828.3 Date of Disbursement MM / DD / YYYY 04 / 18 / 2007
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 324.87 [MEMO ITEM]
City Greenville State SC Zip Code 29607		
Purpose of Disbursement Flyers for straw polls Candidate Name COX 2008 COMMITTEE INC Category/Type 103		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) C. True-South Communications SC LLC		Transaction ID: SB23.5829 Date of Disbursement MM / DD / YYYY 04 / 25 / 2007
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 846.92 [MEMO ITEM]
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	846.92
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. FedEx Kinko's		Transaction ID: SB23.5829.0 Date of Disbursement MM / DD / YYYY 04 / 20 / 2007
Mailing Address 550 Woods Lake Road		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Greenville	State SC	
Zip Code 29607		
Purpose of Disbursement Convention Packets		
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. Hertz Rental Car		Transaction ID: SB23.5829.1 Date of Disbursement MM / DD / YYYY 04 / 21 / 2007
Mailing Address Columbia Metro Airport		Amount of Each Disbursement this Period 596.92 [MEMO ITEM]
City Columbia	State SC	
Zip Code 29212		
Purpose of Disbursement Car Rental		
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. True-South Communications SC LLC		Transaction ID: SB23.5831 Date of Disbursement MM / DD / YYYY 04 / 26 / 2007
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00 [MEMO ITEM]
City Mauldin	State SC	
Zip Code 29662		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		101 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	3088.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 131

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. True-South Communications SC LLC		Transaction ID: SB23.5903 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 291.32
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hertz Car Rental - LAX		Transaction ID: SB23.5903.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address One World Way		Amount of Each Disbursement this Period 217.60
City Los Angeles State CA Zip Code 90045	101 Category/ Type	
Purpose of Disbursement Car Rental		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. True-South Communications SC LLC		Transaction ID: SB23.5832 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3379.32
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. True-South Communications SC LLC		Transaction ID: SB23.5833 Date of Disbursement
Mailing Address 116 Golden Crest Court		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Mauldin	State SC	Zip Code 29662
Purpose of Disbursement Salary		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. True-South Communications SC LLC		Transaction ID: SB23.5834 Date of Disbursement
Mailing Address 116 Golden Crest Court		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="13"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Mauldin	State SC	Zip Code 29662
Purpose of Disbursement Salary		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. True-South Communications SC LLC		Transaction ID: SB23.5836 Date of Disbursement
Mailing Address 116 Golden Crest Court		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Mauldin	State SC	Zip Code 29662
Purpose of Disbursement Reimbursement		<input type="text" value="101"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6331.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. True-South Communications SC LLC		Transaction ID: SB23.5837 Date of Disbursement
Mailing Address 116 Golden Crest Court		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Mauldin	State SC	Zip Code 29662
Purpose of Disbursement Salary		<input type="text" value="3088.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) B. U.S. District Court - South Carolina		Transaction ID: SB23.5886 Date of Disbursement
Mailing Address 910 Richland		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Columbia	State SC	Zip Code 29201
Purpose of Disbursement Filing fees		<input type="text" value="600.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: SB23.5842 Date of Disbursement
Mailing Address PO Box 650580		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Delivery service		<input type="text" value="73.92"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="101"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3761.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. US Cellular		Transaction ID: SB23.5839 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 46.36
City Palatine State IL Zip Code 60623		
Purpose of Disbursement Cellular service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. US Cellular		Transaction ID: SB23.5840 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 46.36
City Palatine State IL Zip Code 60623		
Purpose of Disbursement Cellular phone Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. US Cellular		Transaction ID: SB23.5841 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 46.36
City Palatine State IL Zip Code 60623		
Purpose of Disbursement Cellular phone Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	139.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. John Utz		Transaction ID: SB23.5843 Date of Disbursement 04 / 13 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 750.24
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John Utz		Transaction ID: SB23.5844 Date of Disbursement 04 / 30 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 750.24
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Utz		Transaction ID: SB23.5845 Date of Disbursement 05 / 15 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 750.24
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	101 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.72
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. John Utz		Transaction ID: SB23.5846 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 750.24
City Rowan State IA Zip Code 50470	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Utz		Transaction ID: SB23.5847 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 750.24
City Rowan State IA Zip Code 50470	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Utz		Transaction ID: SB23.5848 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 964.61
City Rowan State IA Zip Code 50470	101 Category/ Type	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

2465.09

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB23.5892 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 125.29
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB23.5893 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 127.68
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB23.5894 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 128.14
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	381.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A. Victory</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 102 East Fox Street</p>		<p>Transaction ID: SB23.5851 Date of Disbursement 06 / 13 / 2007</p>
<p>City Yorkville State IL Zip Code 60560</p>	<p>Amount of Each Disbursement this Period 1425.00</p>	
<p>Purpose of Disbursement: Media polling Candidate Name: COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>101 Category/Type</p>

<p>B. Vonage</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street</p>		<p>Transaction ID: SB23.5852 Date of Disbursement 04 / 03 / 2007</p>
<p>City Holmdel State NJ Zip Code 07733</p>	<p>Amount of Each Disbursement this Period 563.40</p>	
<p>Purpose of Disbursement: Telephone service Candidate Name: COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>101 Category/Type</p>

<p>C. Vonage</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street</p>		<p>Transaction ID: SB23.5853 Date of Disbursement 05 / 03 / 2007</p>
<p>City Holmdel State NJ Zip Code 07733</p>	<p>Amount of Each Disbursement this Period 563.40</p>	
<p>Purpose of Disbursement: Telephone service Candidate Name: COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>101 Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2551.80</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Vonage		Transaction ID: SB23.5854 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 566.40
City Holmdel State NJ Zip Code 07733	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vonage		Transaction ID: SB23.5855 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 566.50
City Holmdel State NJ Zip Code 07733	101 Category/ Type	
Purpose of Disbursement Telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mark Vonderohe		Transaction ID: SB23.5856 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	101 Category/ Type	
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1537.72
TOTAL This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Mark Vonderohe		Transaction ID: SB23.5857 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mark Vonderohe		Transaction ID: SB23.5858 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mark Vonderohe		Transaction ID: SB23.5859 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1214.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Mark Vonderohe		Transaction ID: SB23.5861 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Vonderohe		Transaction ID: SB23.5862 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wall Street Journal		Transaction ID: SB23.5863 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 200 Burnet Road		Amount of Each Disbursement this Period 177.00
City Chicopee State MA Zip Code 01020	Purpose of Disbursement Newspaper subscriptions Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	986.64
TOTAL This Period (last page this line number only) ▶	179893.84

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 02 03 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 97 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 06 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 98 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 04 D D 19 Y Y Y Y 2006	12/31/2008	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 99 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS

Date Incurred MM DD YY 05 04 2006	Date Due 12/31/2008	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 100 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 05 10 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 101 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YYYY 05 11 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 102 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 20 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 103 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 14 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 104 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS

Date Incurred M M 07 D D 28 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 105 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 14 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

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

FOR LINE NUMBER: (check only one) 19a 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred: MM/08 DD/28 YY/2006 Date Due: 12/31/08 Interest Rate: 5.1 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ►

TOTALS This Period (last page in this line only) ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 107 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS

Date Incurred M M 09 D D 13 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 108 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS

Date Incurred M M 09 D D 20 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

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

FOR LINE NUMBER:
(check only one) 19a
 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: Date Due: 12/31/08 Interest Rate: 5.1 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ►

TOTALS This Period (last page in this line only) ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 110 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4782

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred M M 10 D D 12 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 111 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 10 D D 26 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 112 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 11 D D 08 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	20000.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 113 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 3 0 Y Y Y Y 2 0 0 6	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

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

FOR LINE NUMBER:
(check only one) 19a
 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred: M M 1 2, D D 0 6, Y Y Y Y 2 0 0 6
Date Due: 12/31/08
Interest Rate: 5.1 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ►

TOTALS This Period (last page in this line only) ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)

LOANS

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

FOR LINE NUMBER:
(check only one) 19a
 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred: M M 1 2, D D 2 2, Y Y Y Y 2 0 0 6
Date Due: 12/31/08
Interest Rate: 5.1 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 116 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5197

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 0 9 Y Y Y Y 2 0 0 7	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 117 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5198

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 01 D D 16 Y Y Y Y 2007	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	40000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 118 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5199

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 2 9 Y Y Y Y 2 0 0 7	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 119 / 131 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>19a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>19b</td> </tr> </table>	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	19a				
<input type="checkbox"/>	19b				

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5200

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>0 2</td> <td>0 6</td> <td>2 0 0 7</td> </tr> </table>	M M	D D	Y Y Y Y	0 2	0 6	2 0 0 7	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
0 2	0 6	2 0 0 7							

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: right;" type="text" value="20000.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 120 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5201

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 2 Y Y Y Y 2 0 0 7	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 121 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5202

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 01 Y Y Y Y 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 122 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5203

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 14 Y Y Y Y 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 123 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5574

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred MM DD YY 04 04 2007	Date Due 12/31/08	Interest Rate 0/00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="25000.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 124 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5575

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 04 D D 15 Y Y Y Y 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 125 / 131 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>19a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>19b</td> </tr> </table>	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	19a				
<input type="checkbox"/>	19b				

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5576

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>0 5</td> <td>0 2</td> <td>2 0 0 7</td> </tr> </table>	M M	D D	Y Y Y Y	0 5	0 2	2 0 0 7	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
0 5	0 2	2 0 0 7							

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: right;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 126 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5577

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 16 Y Y Y Y 2007	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 127 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5578

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred MM DD YY 06 13 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 128 / 131
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5579

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred M M 06 D D 14 Y Y Y Y 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	25000.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 129 / 131
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 COX 2008 COMMITTEE INC

Transaction ID: SC/12.5580

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2007	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	935000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

Image# 27931291214

Form/Schedule: **SB23** Yellow Transportation, Inc. Post Office Box 5901 Topeka, Kansas 66605-0901 Invoice No. 170-900563
Transaction ID: **SB23.5909**

Form/Schedule: **SB23** Wingate Inn Harbisson 217 Lanneau Court Columbia, South Carolina 29212 803.407.6166 05.14.07 - 05.16.07 \$219.-
Transaction ID: **SB23.5658** 78 Hotel reimbursement

Image# 27931291215

Form/Schedule: **SB23** Mileage reimbursement to Cousar - \$535.34 All other expenses were under the \$200 limit for the year
Transaction ID: **SB23.5692**
