

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

COX FOR CONGRESS

ADDRESS (number and street) 1500 BEVILLE ROAD SUITE 606-102

Check if different than previously reported. (ACC)

DAYTONA BEACH

FL

32114

2. **FEC IDENTIFICATION NUMBER** ▼

C C00540021

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

06

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

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer DAVID COX

Signature of Treasurer DAVID COX

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
COX FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3165.00	3165.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3165.00	3165.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6049.65	6049.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6049.65	6049.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3349.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3343.21	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COX FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	1000.00
(ii) Unitemized.....	2165.00	2165.00
(iii) TOTAL of contributions from individuals ▶	3165.00	3165.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3165.00	3165.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3343.21	3343.21
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3343.21	3343.21
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6508.21	6508.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6049.65	6049.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6049.65	6049.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2891.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6508.21
25. SUBTOTAL (add Line 23 and Line 24).....	9399.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6049.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3349.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Danielle Neetz

Mailing Address 936 Chickadee Dr

City State Zip Code
Port Orange FL 32127

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
500.00

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

Mailing Address 520 W 21st St
Suite J2

City State Zip Code
Norfolk VA 23517

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

Name of Employer Occupation
Ameriprise Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID COX

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
43.21

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : SA13A.4148

Amount of Each Receipt this Period
43.21

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

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1043.21

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA13A.4145

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1343.21

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : SA13A.4151

Amount of Each Receipt this Period
300.00

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

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

1343.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID COX

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2243.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SA13A.4187

Amount of Each Receipt this Period
900.00

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

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2543.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA13A.4188

Amount of Each Receipt this Period
300.00

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

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H4FL06022**

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2643.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA13A.4189

Amount of Each Receipt this Period
100.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID COX

Mailing Address 1500 BEVILLE ROAD SUITE 606-102

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C** H4FL06022

Name of Employer Occupation
Bethune Cookman Univeristy Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3343.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 19 2014

Transaction ID : SA13A.4190

Amount of Each Receipt this Period
700.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

700.00

3343.21

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

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

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brian Hopkins		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 2904 Cypress Ridge Tr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4137
City Port Orange	State FL	
Zip Code 32128	Purpose of Disbursement Office Deposit	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Brian Hopkins		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 2904 Cypress Ridge Tr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4152
City Port Orange	State FL	
Zip Code 32128	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Brian Hopkins		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2904 Cypress Ridge Tr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4191
City Port Orange	State FL	
Zip Code 32128	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Couchman Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1634 S Ridgewood		Amount of Each Disbursement this Period 366.36 Transaction ID : SB17.4170
City South Daytona	State FL	
Zip Code 32119	Purpose of Disbursement Letterhead/Envelopes/Business Cards	Category/ Type 006
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. FPL		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address FPL General Mail Facility		Amount of Each Disbursement this Period 46.83 Transaction ID : SB17.4175
City Miami	State FL	
Zip Code 33188	Purpose of Disbursement	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) C. FPL		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address FPL General Mail Facility		Amount of Each Disbursement this Period 18.95 Transaction ID : SB17.4176
City Miami	State FL	
Zip Code 33188	Purpose of Disbursement	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	432.14
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nation Builder		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 399.00 Transaction ID : SB17.4153
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Campaign Software	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Shores at Daytona		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 2637 S Atlantic ave		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.4198
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement Consultant Hotel	Category/ Type 002
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. The Partnership LTD		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 11 Pinchot Ct		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4192
City Amherst	State NY	
Zip Code 14228	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name COX FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	1459.00
TOTAL This Period (last page this line number only).....	4391.14

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : **SC/10.4148**

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

DAVID COX

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

1500 BEVILLE ROAD SUITE 606-102

City

State

ZIP Code

DAYTONA BEACH

FL

32114

Original Amount of Loan

43.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.21

TERMS

Date Incurred

M 01 / D 08 / Y 2014 Y

Date Due

M / D / Y 12/31/14 Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)..... ▶

43.21

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : **SC/10.4145**

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

DAVID COX

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

1500 BEVILLE ROAD SUITE 606-102

City

State

ZIP Code

DAYTONA BEACH

FL

32114

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M 01 / D 21 / Y 2014

Date Due

M / D / Y 12/31/14

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)..... ▶

1000.00

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : **SC/10.4151**

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

DAVID COX

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

1500 BEVILLE ROAD SUITE 606-102

City

State

ZIP Code

DAYTONA BEACH

FL

32114

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

M 02 / D 03 / Y 2014 Y

Date Due

M / D / Y 12/31/14 Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)..... ▶

300.00

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : **SC/10.4187**

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

DAVID COX

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

1500 BEVILLE ROAD SUITE 606-102

City

State

ZIP Code

DAYTONA BEACH

FL

32114

Original Amount of Loan

900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

900.00

TERMS

Date Incurred

M 03 / D 03 / Y 2014 Y

Date Due

M / D / Y 12/31/14 Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)..... ▶

900.00

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 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4188**
COX FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) DAVID COX	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1500 BEVILLE ROAD SUITE 606-102		

City	State	ZIP Code
DAYTONA BEACH	FL	32114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 10 / Y 2014 Y	M M / D D / Y 12/31/14 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. 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).....	300.00
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 3)
LOANS**

NAME OF COMMITTEE (In Full) **COX FOR CONGRESS** Transaction ID : **SC/10.4189**

LOAN SOURCE Full Name (Last, First, Middle Initial) **DAVID COX** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1500 BEVILLE ROAD SUITE 606-102

City State ZIP Code
 DAYTONA BEACH FL 32114

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred M 03 / D 10 / Y 2014	Date Due M M / D D / Y 12/31/14	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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. 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)..... ▶ [] 100.00

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 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : **SC/10.4190**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
1500 BEVILLE ROAD SUITE 606-102

City State ZIP Code
DAYTONA BEACH FL 32114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred: M 03 / D 19 / Y 2014
 Date Due: M M / D D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. 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).....	700.00
TOTALS This Period (last page in this line only).....	3343.21

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