

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: 10/01/2006 To: 12/31/2006	
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		2515.01	9438.51
(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))		2515.01	9438.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		200000.00	455000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		200000.00	455000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		0.00	0.00
(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))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		202515.01	464438.51
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		185989.34	403897.97
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		170.00	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)		186159.34	427501.23
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)
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1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC		
ADDRESS (number and street) 3330 DUNDEE RD SUITE S3		
CITY, STATE, and ZIP CODE NOROTHBROOK IL 60062		2. IDENTIFICATION NUMBER C00420224

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	22954.00	34178.09
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	929.27	Ohio	0.00	0.00
Florida	0.00	0.00	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	0.00	Rhode Island	0.00	0.00
Illinois	1075.00	2790.87	South Carolina	27953.00	27953.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	56654.76	83181.35	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	1000.00	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	108636.76	151132.58

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 73
	(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

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

Full Name (Last, First, Middle Initial) A. Bob Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address Belaire Way City State Zip Code Chicago IL 60606		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation None Retired		Transaction ID: SA17A.5028
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 20.00		

Full Name (Last, First, Middle Initial) B. Joe Kennedy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address Hianisport Road City State Zip Code East View MA 01454		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Self Entrepreneur		Transaction ID: SA17A.5026
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 20.00		

Full Name (Last, First, Middle Initial) C. Jerry Lausmann		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 115 Stewart Avenue City State Zip Code Medford OR 97501		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Kogap Ent. Inc Pres/CEO		Transaction ID: SA17A.4698
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	290.00
TOTAL This Period (last page this line number only) ▶	290.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 73
	(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

A. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 305000.00	
Transaction ID: SA19A.4782		

B. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 20000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325000.00	
Transaction ID: SA19A.4783		

C. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 20000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 345000.00	
Transaction ID: SA19A.4784		

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 6 / 73
	(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 1 1 / 3 0 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 10000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 355000.00	Transaction ID: SA19A.4785

Full Name (Last, First, Middle Initial) B. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 405000.00	Transaction ID: SA19A.4786

Full Name (Last, First, Middle Initial) C. JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Loan
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 455000.00	Transaction ID: SA19A.4787

SUBTOTAL of Receipts This Page (optional) ▶	110000.00
TOTAL This Period (last page this line number only) ▶	200000.00

**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 Abbott		Transaction ID: SB23.4858 Date of Disbursement 10 / 13 / 2006
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 998.75
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Abbott		Transaction ID: SB23.4871 Date of Disbursement 10 / 30 / 2006
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 150.00
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Abbott		Transaction ID: SB23.4881 Date of Disbursement 10 / 31 / 2006
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 2186.70
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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) ▶	3335.45
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 Abbott		Transaction ID: SB23.4896 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1647.90
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Abbott		Transaction ID: SB23.4916 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1647.90
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Abbott		Transaction ID: SB23.4930 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 500.00
City Manchester State NH Zip Code 03104	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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) ▶	3795.80
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. Steve Abbott		Transaction ID: SB23.4951 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1647.90
City Manchester State NH Zip Code 03104	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 Abbott		Transaction ID: SB23.5004 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1647.90
City Manchester State NH Zip Code 03104	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: SB23.4814 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 84.00
City Roseland State NJ Zip Code 07068	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) ▶	3379.80
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. ADP		Transaction ID: SB23.4848 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068		
Purpose of Disbursement Payroll Taxes	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. ADP		Transaction ID: SB23.4853 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 2260.95
City Roseland State NJ Zip Code 07068		
Purpose of Disbursement Payroll Taxes	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. ADP		Transaction ID: SB23.4862 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068		
Purpose of Disbursement Payroll Taxes	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) ▶	2395.95
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. ADP		Transaction ID: SB23.4868 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 203.00
City Roseland State NJ Zip Code 07068	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: SB23.4869 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 11.38
City Roseland State NJ Zip Code 07068	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: SB23.4878 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 3096.48
City Roseland State NJ Zip Code 07068	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) ▶

3310.86

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. ADP		Transaction ID: SB23.4883 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	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: SB23.4895 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 2816.34
City Roseland State NJ Zip Code 07068	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: SB23.4898 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 13.00
City Roseland State NJ Zip Code 07068	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) ▶

2896.84

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. ADP		Transaction ID: SB23.4909 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 145.50
City Roseland State NJ Zip Code 07068	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: SB23.4915 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 2816.36
City Roseland State NJ Zip Code 07068	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: SB23.4925 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	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) ▶	3029.36
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. ADP		Transaction ID: SB23.4939 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 2739.14
City Roseland State NJ Zip Code 07068	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: SB23.4959 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 67.50
City Roseland State NJ Zip Code 07068	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: SB23.4974 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 4033.90
City Roseland State NJ Zip Code 07068	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) ▶	6840.54
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. American Express		Transaction ID: SB23.4809
Mailing Address PO Box 0001		Date of Disbursement 10 / 04 / 2006
City Los Angeles	State CA	Zip Code 90096
Purpose of Disbursement Car Rental	Amount of Each Disbursement this Period 215.14	
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. Julianne Anderson		Transaction ID: SB23.4950
Mailing Address 2328 University Avenue #303		Date of Disbursement 12 / 15 / 2006
City Des Moines	State IA	Zip Code 50311
Purpose of Disbursement Salary	Amount of Each Disbursement this Period 423.77	
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. Julianne Anderson		Transaction ID: SB23.4964
Mailing Address 2328 University Avenue #303		Date of Disbursement 12 / 26 / 2006
City Des Moines	State IA	Zip Code 50311
Purpose of Disbursement Salary	Amount of Each Disbursement this Period 500.00	
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)	1138.91
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. Julianne Anderson		Transaction ID: SB23.4998 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 605.00
City Des Moines State IA Zip Code 50311	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. Patrick Anderson		Transaction ID: SB23.4806 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 160.00
City Hubbard State IA Zip Code 50122	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. Patrick Anderson		Transaction ID: SB23.4849 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1417.62
City Hubbard State IA Zip Code 50122	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) ▶	2182.62
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. Patrick Anderson		Transaction ID: SB23.4867 Date of Disbursement 10 / 23 / 2006
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 392.85
City Hubbard State IA Zip Code 50122	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Patrick Anderson		Transaction ID: SB23.4876 Date of Disbursement 10 / 31 / 2006
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1300.09
City Hubbard State IA Zip Code 50122	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Patrick Anderson		Transaction ID: SB23.4891 Date of Disbursement 11 / 15 / 2006
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1366.26
City Hubbard State IA Zip Code 50122	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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) ▶	3059.20
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. Patrick Anderson		Transaction ID: SB23.4911 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1366.25
City Hubbard State IA Zip Code 50122	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. Patrick Anderson		Transaction ID: SB23.4940 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1366.26
City Hubbard State IA Zip Code 50122	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. Patrick Anderson		Transaction ID: SB23.4975 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 663.28
City Hubbard State IA Zip Code 50122	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) ▶	3395.79
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. Patrick Anderson		Transaction ID: SB23.4999 Date of Disbursement 12 / 31 / 2006
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1359.38
City Hubbard State IA Zip Code 50122	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. Micheal Burton		Transaction ID: SB23.4937 Date of Disbursement 12 / 14 / 2006
Mailing Address 1031 Runnymede Lane		Amount of Each Disbursement this Period 396.94
City North Charleston State SC Zip Code 29407	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. Cable One		Transaction ID: SB23.4802 Date of Disbursement 10 / 04 / 2006
Mailing Address 119 4th Street Suite 218		Amount of Each Disbursement this Period 2400.00
City Sioux City State IA Zip Code 52218	Category/ Type	
Purpose of Disbursement Advertising		
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) ▶	4156.32
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. Cable One		Transaction ID: SB23.4834 Date of Disbursement
Mailing Address 119 4th Street Suite 218		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Sioux City	State IA	Zip Code 52218
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="2400.00"/>		
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. Chase Bank		Transaction ID: SB23.4790 Date of Disbursement
Mailing Address Clinton & Euclid		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Palatine	State IL	Zip Code 60067
Purpose of Disbursement Bank Charges	<input type="text"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="20.00"/>		
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. Chase Bank		Transaction ID: SB23.4812 Date of Disbursement
Mailing Address Clinton & Euclid		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Palatine	State IL	Zip Code 60067
Purpose of Disbursement Bank Charges	<input type="text"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="20.00"/>		
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		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2440.00"/>
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)

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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. Chase Bank		Transaction ID: SB23.4831 Date of Disbursement																					
Mailing Address Clinton & 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>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	2		2	0	0	6														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Bank Charges		<table border="1"> <tr> <td> </td> </tr> </table>																					
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																							

Amount of Each Disbursement this Period
20.00

Full Name (Last, First, Middle Initial) B. Chase Bank		Transaction ID: SB23.4832 Date of Disbursement																					
Mailing Address Clinton & 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>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	2		2	0	0	6														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Bank Charges		<table border="1"> <tr> <td> </td> </tr> </table>																					
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																							

Amount of Each Disbursement this Period
12.00

Full Name (Last, First, Middle Initial) C. Chase Bank		Transaction ID: SB23.4880 Date of Disbursement																					
Mailing Address Clinton & 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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	1		2	0	0	6														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Bank Charges		<table border="1"> <tr> <td> </td> </tr> </table>																					
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																							

Amount of Each Disbursement this Period
12.00

SUBTOTAL of Disbursements This Page (optional)	44.00
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. Chase Bank		Transaction ID: SB23.4884 Date of Disbursement																					
Mailing Address Clinton & 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>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	6														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Bank Charges		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>12.00</td> </tr> </table>		Amount of Each Disbursement this Period	12.00																		
Amount of Each Disbursement this Period																							
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. Colby Trust		Transaction ID: SB23.4919 Date of Disbursement																					
Mailing Address 6581 University Avenue		<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>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	6	/	2	0	0	6														
City Des Moines	State IA	Zip Code 50311																					
Purpose of Disbursement Rent		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>3530.46</td> </tr> </table>		Amount of Each Disbursement this Period	3530.46																		
Amount of Each Disbursement this Period																							
3530.46																							
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. Colby Trust		Transaction ID: SB23.4988 Date of Disbursement																					
Mailing Address 6581 University Avenue		<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>1</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	2	8	/	2	0	0	6														
City Des Moines	State IA	Zip Code 50311																					
Purpose of Disbursement Rent		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1176.82</td> </tr> </table>		Amount of Each Disbursement this Period	1176.82																		
Amount of Each Disbursement this Period																							
1176.82																							
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)	4719.28
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. Color Craft Printing		Transaction ID: SB23.5018 Date of Disbursement
Mailing Address 7621 Baltimore Annapolis Blvd		<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Glen Burnie	State MD	Zip Code 21060
Purpose of Disbursement Printing Campaign Fliers		<input type="text" value="103"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="2006.57"/>
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: SB23.4804 Date of Disbursement
Mailing Address 4400 Belle Oakes Drive		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charleston	State SC	Zip Code 29405
Purpose of Disbursement Advertising		<input type="text" value="102"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="2100.00"/>
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. Comcast		Transaction ID: SB23.4811 Date of Disbursement
Mailing Address 4400 Belle Oakes Drive		<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charleston	State SC	Zip Code 29405
Purpose of Disbursement Advertising		<input type="text" value="102"/> Category/ Type
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period <input type="text" value="4794.00"/>
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		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8900.57"/>
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. Comcast		Transaction ID: SB23.4829 Date of Disbursement
Mailing Address 4400 Belle Oakes Drive		<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charleston	State SC	Zip Code 29405
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<input type="text" value="4794.00"/>
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: SB23.4838 Date of Disbursement
Mailing Address 4400 Belle Oakes Drive		<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charleston	State SC	Zip Code 29405
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<input type="text" value="1785.00"/>
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. Constantine Financial Services, Inc.		Transaction ID: SB23.4807 Date of Disbursement
Mailing Address 2400 Earlsgate Ct		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Reston	State VA	Zip Code 20191
Purpose of Disbursement Accounting	<input type="text"/> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<input type="text" value="1475.00"/>
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="8054.00"/>
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)

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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. Edward Cousar		Transaction ID: SB23.4970 Date of Disbursement
Mailing Address 206 Old Friendship Road		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Catawba	State SC	Zip Code 29704
Purpose of Disbursement Salary		Amount of Each Disbursement this Period <input type="text" value="449.45"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="102"/> 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. Cox Media		Transaction ID: SB23.4796 Date of Disbursement
Mailing Address 11501 West Dodge Road		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Omaha	State NE	Zip Code 68154
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period <input type="text" value="1007.70"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="102"/> 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. Dionysus Consulting		Transaction ID: SB23.4886 Date of Disbursement
Mailing Address 21 Oakland Avenue 1st Floor		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Bay Shore	State NY	Zip Code 11706
Purpose of Disbursement Public Relations		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name COX 2008 COMMITTEE INC		<input type="text" value="102"/> 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="6457.15"/>
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. Dionysus Consulting		Transaction ID: SB23.4928 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 21 Oakland Avenue 1st Floor		Amount of Each Disbursement this Period 2500.00
City Bay Shore State NY Zip Code 11706	102 Category/ Type	
Purpose of Disbursement Public Relations		
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. Dionysus Consulting		Transaction ID: SB23.4929 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 21 Oakland Avenue 1st Floor		Amount of Each Disbursement this Period 10000.00
City Bay Shore State NY Zip Code 11706	102 Category/ Type	
Purpose of Disbursement Public Relations		
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. Endeavor Group Media		Transaction ID: SB23.4917 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 2520 Sunday House Drive		Amount of Each Disbursement this Period 5000.00
City Pearland State TX Zip Code 77584	102 Category/ Type	
Purpose of Disbursement Advertsing		
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) ▶	17500.00
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)

PAGE 27 / 73

<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: SB23.4991 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 420.97
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Huff		Transaction ID: SB23.4850 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1139.05
City Manchester State IA Zip Code 52056	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Huff		Transaction ID: SB23.4875 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1017.65
City Manchester State IA Zip Code 52056	Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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) ▶	2577.67
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: SB23.4892 Date of Disbursement 11 / 15 / 2006
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1036.34
City Manchester	State IA Zip Code 52056	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Huff		Transaction ID: SB23.4912 Date of Disbursement 11 / 30 / 2006
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1036.33
City Manchester	State IA Zip Code 52056	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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. Steve Huff		Transaction ID: SB23.4941 Date of Disbursement 12 / 15 / 2006
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1073.68
City Manchester	State IA Zip Code 52056	
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC 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) ▶	3146.35
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. Steve Huff		Transaction ID: SB23.5000 Date of Disbursement 12 / 31 / 2006	
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1104.72	
City Manchester State IA Zip Code 52056	Purpose of Disbursement Salary	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. Keith Hunter		Transaction ID: SB23.4851 Date of Disbursement 10 / 13 / 2006	
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period 907.02	
City Des Moines State IA Zip Code 50311	Purpose of Disbursement Salary	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. Keith Hunter		Transaction ID: SB23.4874 Date of Disbursement 10 / 31 / 2006	
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period 878.60	
City Des Moines State IA Zip Code 50311	Purpose of Disbursement Salary	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) ▶	2890.34
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. Keith Hunter		Transaction ID: SB23.4893 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period 878.60
City Des Moines State IA Zip Code 50311	Category/ Type	
Purpose of Disbursement		
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. Keith Hunter		Transaction ID: SB23.4913 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period 878.60
City Des Moines State IA Zip Code 50311	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. Keith Hunter		Transaction ID: SB23.4942 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period 245.18
City Des Moines State IA Zip Code 50311	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) ▶	2002.38
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. Kilgore & Company		Transaction ID: SB23.4996 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 192		Amount of Each Disbursement this Period 2500.00
City Groton State MA Zip Code 01450	Category/ Type 102	
Purpose of Disbursement Public Relations		
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. Kropp Insurance Agency		Transaction ID: SB23.4931 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 6300 Lincoln Ave		Amount of Each Disbursement this Period 1579.00
City Morton Grove State IL Zip Code 60053	Category/ Type	
Purpose of Disbursement Insurance		
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. Kush and Associates		Transaction ID: SB23.4830 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address RR2		Amount of Each Disbursement this Period 1000.00
City Shinnston State WV Zip Code 26431	Category/ Type 102	
Purpose of Disbursement Public Relations		
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) ▶	5079.00
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)

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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. Kush and Associates		Transaction ID: SB23.4879 Date of Disbursement 10 / 31 / 2006
Mailing Address RR2		Amount of Each Disbursement this Period 1500.00
City Shinnston	State WV Zip Code 26431	
Purpose of Disbursement Public Relations	102 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. Lamberti for Congress		Transaction ID: SB23.5021 Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 785		Amount of Each Disbursement this Period 300.00
City Ankeny	State IA Zip Code 50021	
Purpose of Disbursement Publicity Event	102 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. Manchester NH Election News Letter		Transaction ID: SB23.4863 Date of Disbursement 10 / 23 / 2006
Mailing Address 41 Alpheus Street		Amount of Each Disbursement this Period 300.00
City Manchester	State NH Zip Code 03103	
Purpose of Disbursement Advertising	102 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) ▶	2100.00
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. Manchester NH Election News Letter		Transaction ID: SB23.4901 Date of Disbursement
Mailing Address 41 Alpheus Street		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Manchester	State NH	Zip Code 03103
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="300.00"/>		
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. Nathan Martin		Transaction ID: SB23.4789 Date of Disbursement
Mailing Address 483 Parkview Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Mansfield	State OH	Zip Code 44903
Purpose of Disbursement Salary	<input type="text" value="101"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="1224.54"/>		
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. Nathan Martin		Transaction ID: SB23.4813 Date of Disbursement
Mailing Address 483 Parkview Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Mansfield	State OH	Zip Code 44903
Purpose of Disbursement Salary	<input type="text"/> Category/ Type	
Amount of Each Disbursement this Period <input type="text" value="2704.47"/>		
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="4229.01"/>
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)

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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. Nathan Martin		Transaction ID: SB23.4852 Date of Disbursement 10 / 13 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1895.90
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.4873 Date of Disbursement 10 / 31 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1791.67
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.4882 Date of Disbursement 11 / 02 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 4193.33
City Mansfield State OH Zip Code 44903	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) ▶	7880.90
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. Nathan Martin		Transaction ID: SB23.4894 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1841.13
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.4903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 500.00
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.4914 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1841.13
City Mansfield State OH Zip Code 44903	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) ▶	4182.26
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. Nathan Martin		Transaction ID: SB23.4936 Date of Disbursement 12 / 14 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1841.12
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.4947 Date of Disbursement 12 / 15 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 275.00
City Mansfield State OH Zip Code 44903	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. Nathan Martin		Transaction ID: SB23.5003 Date of Disbursement 12 / 31 / 2006
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1862.34
City Mansfield State OH Zip Code 44903	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) ▶	3978.46
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)

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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. Martin E Janis & Company Inc		Transaction ID: SB23.4808 Date of Disbursement 10 / 04 / 2006
Mailing Address 625 North Michigan Ave Suite 420		Amount of Each Disbursement this Period 118.01
City Chicago State IL Zip Code 60611	Purpose of Disbursement Public Relations Category/Type 102	
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. Denise-Marie Mcintosh		Transaction ID: SB23.4968 Date of Disbursement 12 / 27 / 2006
Mailing Address 35 Edmond Drive		Amount of Each Disbursement this Period 750.00
City Nashua State NH Zip Code 03063	Purpose of Disbursement Salary 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. Merrimack Restaurant		Transaction ID: SB23.4921 Date of Disbursement 12 / 06 / 2006
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester State NH Zip Code 03101	Purpose of Disbursement Office Rental Category/Type 104	
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) ▶	2668.01
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. Merrimack Restaurant		Transaction ID: SB23.4989 Date of Disbursement 12 / 28 / 2006
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester	State NH	
Zip Code 03101		
Purpose of Disbursement Office Rental		
Candidate Name COX 2008 COMMITTEE INC		104 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. Mike Morgan		Transaction ID: SB23.4794 Date of Disbursement 10 / 03 / 2006
Mailing Address 201 Trueblood Avenue 2024		Amount of Each Disbursement this Period 297.04
City Oscaloosa	State IA	
Zip Code 52577		
Purpose of Disbursement Meals Iowa Event		
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. OnMedia		Transaction ID: SB23.4798 Date of Disbursement 10 / 04 / 2006
Mailing Address 1103 Technology Parkway		Amount of Each Disbursement this Period 3595.50
City Cedar Falls	State IA	
Zip Code 50613		
Purpose of Disbursement Advertising		
Candidate Name COX 2008 COMMITTEE INC		102 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) ▶	5692.54
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

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

Full Name (Last, First, Middle Initial) A. OnMedia		Transaction ID: SB23.4800 Date of Disbursement																				
Mailing Address 1103 Technology Parkway		<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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	6													
City Cedar Falls	State IA	Zip Code 50613																				
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period																				
Candidate Name COX 2008 COMMITTEE INC		<table border="1"><tr><td>927.56</td></tr></table>	927.56																			
927.56																						
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	Category/Type: <table border="1"><tr><td>102</td></tr></table>		102																			
102																						

Full Name (Last, First, Middle Initial) B. OnMedia		Transaction ID: SB23.4801 Date of Disbursement																				
Mailing Address 1103 Technology Parkway		<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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	6													
City Cedar Falls	State IA	Zip Code 50613																				
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period																				
Candidate Name COX 2008 COMMITTEE INC		<table border="1"><tr><td>1022.04</td></tr></table>	1022.04																			
1022.04																						
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	Category/Type: <table border="1"><tr><td>102</td></tr></table>		102																			
102																						

Full Name (Last, First, Middle Initial) C. OnMedia		Transaction ID: SB23.4835 Date of Disbursement																				
Mailing Address 1103 Technology Parkway		<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>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	2		2	0	0	6													
City Cedar Falls	State IA	Zip Code 50613																				
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period																				
Candidate Name COX 2008 COMMITTEE INC		<table border="1"><tr><td>3595.50</td></tr></table>	3595.50																			
3595.50																						
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	Category/Type: <table border="1"><tr><td>102</td></tr></table>		102																			
102																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5545.10</td></tr></table>	5545.10
5545.10		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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. OnMedia		Transaction ID: SB23.4836	
Mailing Address 1103 Technology Parkway		Date of Disbursement 10 / 12 / 2006	
City Cedar Falls	State IA	Zip Code 50613	Amount of Each Disbursement this Period 927.56
Purpose of Disbursement Advertising		102	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. OnMedia		Transaction ID: SB23.4837	
Mailing Address 1103 Technology Parkway		Date of Disbursement 10 / 12 / 2006	
City Cedar Falls	State IA	Zip Code 50613	Amount of Each Disbursement this Period 1022.04
Purpose of Disbursement Advertising		102	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. Open Road Productions		Transaction ID: SB23.4902	
Mailing Address 401 W Ontario St Suite 150		Date of Disbursement 11 / 22 / 2006	
City Chicago	State IL	Zip Code 60610	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement Public Relations		102	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)	2699.60
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. Open Road Productions		Transaction ID: SB23.4910 Date of Disbursement
Mailing Address 401 W Ontario St Suite 150		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Public Relations		<input type="text" value="102"/> 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 <input type="text" value="240.00"/>

Full Name (Last, First, Middle Initial) B. Pelham Young Republicans		Transaction ID: SB23.4899 Date of Disbursement
Mailing Address Box 92		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Pelham	State IA	Zip Code 50836
Purpose of Disbursement Advertising		<input type="text" value="102"/> 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 <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Public Service of New Hampshire		Transaction ID: SB23.4945 Date of Disbursement
Mailing Address PO Box 360		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Manchester	State NH	Zip Code 03105
Purpose of Disbursement Utilities		<input type="text" value="104"/> 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 <input type="text" value="530.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1020.00"/>
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. Chris Richter		Transaction ID: SB23.4943 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 886.50
City Manchester State NH Zip Code 03104	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. Chris Richter		Transaction ID: SB23.4956 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 886.50
City Manchester State NH Zip Code 03104	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: SB23.5001 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1627.34
City Manchester State NH Zip Code 03104	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) ▶	3400.34
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. Sash & Ash LLC		Transaction ID: SB23.4972 Date of Disbursement 12 / 27 / 2006
Mailing Address 2805 Millwood Ave Suite A		Amount of Each Disbursement this Period 3000.00
City Columbia State SC Zip Code 29205	102 Category/ Type	
Purpose of Disbursement Public Relations 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: SB23.4791 Date of Disbursement 10 / 03 / 2006
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 1000.00
City Naperville State IL Zip Code 60564	102 Category/ Type	
Purpose of Disbursement Public Relations 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: SB23.4888 Date of Disbursement 11 / 08 / 2006
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 1000.00
City Naperville State IL Zip Code 60564	102 Category/ Type	
Purpose of Disbursement Public Relations 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) ▶	5000.00
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. Special Guests		Transaction ID: SB23.4926 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 1000.00
City Naperville State IL Zip Code 60564	102 Category/ Type	
Purpose of Disbursement Public Relations		
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. Spectrum Monthly & Printing		Transaction ID: SB23.5016 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 95 Eddy Road Suite 101		Amount of Each Disbursement this Period 1136.00
City Manchester State NH Zip Code 03102	103 Category/ Type	
Purpose of Disbursement Print Campaign Fliers		
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: SB23.4994 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 284.45
City Derry State NH Zip Code 03038	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) ▶	2420.45
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. Barbara Tarallo		Transaction ID: SB23.5005 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 661.08
City Derry State NH Zip Code 03038	Category/ Type 102	
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. TCV Media		Transaction ID: SB23.4824 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO Box 603		Amount of Each Disbursement this Period 1420.00
City Kernersville State NC Zip Code 27285	Category/ Type 102	
Purpose of Disbursement Advertising		
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. TCV Media		Transaction ID: SB23.4833 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 603		Amount of Each Disbursement this Period 1000.00
City Kernersville State NC Zip Code 27285	Category/ Type 102	
Purpose of Disbursement Advertising		
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) ▶	3081.08
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. TCV Media		Transaction ID: SB23.4872 Date of Disbursement
Mailing Address PO Box 603		<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="2006"/>
City Kernersville	State NC	Zip Code 27285
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
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. TCV Media		Transaction ID: SB23.4889 Date of Disbursement
Mailing Address PO Box 603		<input type="text" value="11"/> <input type="text" value="08"/> / <input type="text" value="2006"/>
City Kernersville	State NC	Zip Code 27285
Purpose of Disbursement Public Relations	<input type="text" value="102"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="2800.00"/>	
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. TCV Media		Transaction ID: SB23.4906 Date of Disbursement
Mailing Address PO Box 603		<input type="text" value="11"/> <input type="text" value="22"/> / <input type="text" value="2006"/>
City Kernersville	State NC	Zip Code 27285
Purpose of Disbursement Advertising	<input type="text" value="102"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
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		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4800.00"/>
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. TCV Media		Transaction ID: SB23.4933 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 603		Amount of Each Disbursement this Period 1000.00
City Kenersville State NC Zip Code 27285	102 Category/ Type	
Purpose of Disbursement Advertising		
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		Transaction ID: SB23.4865 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3000.00
City Mauldin State SC Zip Code 29662	102 Category/ Type	
Purpose of Disbursement Advertising		
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. True South Communications		Transaction ID: SB23.4870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3000.00
City Mauldin State SC Zip Code 29662	102 Category/ Type	
Purpose of Disbursement Advertising		
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) ▶	7000.00
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. True South Communications		Transaction ID: SB23.4890 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3010.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 102	
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		Transaction ID: SB23.4934 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3010.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 102	
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. True South Communications		Transaction ID: SB23.4935 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3010.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 102	
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) ▶	9030.00
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. True South Communications		Transaction ID: SB23.4967 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3010.00
City Mauldin State SC Zip Code 29662	102 Category/ Type	
Purpose of Disbursement Advertising		
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		Transaction ID: SB23.4990 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 28.00
City Mauldin State SC Zip Code 29662	102 Category/ Type	
Purpose of Disbursement Advertising		
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. US Postmaster		Transaction ID: SB23.4793 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 13.30
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Office Postage		
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) ▶	3051.30
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. US Postmaster		Transaction ID: SB23.4854 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 45.15
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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. US Postmaster		Transaction ID: SB23.4856 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 22.20
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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. US Postmaster		Transaction ID: SB23.4859 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 70.14
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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) ▶	137.49
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. US Postmaster		Transaction ID: SB23.4957 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 45.48
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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. US Postmaster		Transaction ID: SB23.4958 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 54.80
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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. US Postmaster		Transaction ID: SB23.4993 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2460 Dundee Road		Amount of Each Disbursement this Period 156.00
City Northbrook State IL Zip Code 60062	Category/ Type	
Purpose of Disbursement Postage		
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) ▶	256.28
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 52 / 73

<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. Victory Store

Mailing Address 5200 SW 30th Ave

City Davenport State IA Zip Code 52802

Purpose of Disbursement
Office Supplies

Candidate Name
COX 2008 COMMITTEE INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 02

Transaction ID: SB23.4948

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

401.25

SUBTOTAL of Disbursements This Page (optional)

401.25

TOTAL This Period (last page this line number only)

185302.25

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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. Complete Campaigns.com

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Internet Fundraising

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: House
 Senate
 President

State: District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB25.4924

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

170.00

107
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

170.00

TOTAL This Period (last page this line number only)

170.00

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / 73
	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	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 0 2 D D 0 3 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)	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 55 / 73
	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 56 / 73
	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 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 04 19 2006	Date Due 12/31/2008	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)	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 57 / 73
	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
-------------------------------------	------------------------------------	---

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
---	------------------------	------------------------------	---

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 58 / 73
	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	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:
M M 05 D D 10 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)	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 59 / 73
	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	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:
M M 05 D D 11 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)	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 60 / 73
	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 61 / 73
	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 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 07 D D 14 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)	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 62 / 73
	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	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 07 D D 28 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 63 / 73
	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)	<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 64 / 73
	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/12.4459

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 MM DD YY 08 28 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)	▶	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 65 / 73
	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	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:
M M 09 D D 13 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)	20000.00
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 66 / 73
	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	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 09 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)	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 67 / 73
	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/12.4462

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 09 D D 28 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)	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 68 / 73
	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	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 1 0 D D 1 2 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)	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 69 / 73
	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	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:
M M 1 0 D D 2 6 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)	20000.00
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 70 / 73
	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	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:
M M 1 1 D D 0 8 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)	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 71 / 73
	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	PAGE 72 / 73
	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/12.4786

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 1 2 D D 0 6 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)	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 73 / 73
	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/12.4787

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 1 2 D D 2 2 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)	50000.00
TOTALS This Period (last page in this line only)	455000.00

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