

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

COX 2008 COMMITTEE INC

ADDRESS (number and street)

Post Office Box 5353

Check if different than previously reported. (ACC)

Buffalo Grove

CITY

IL

STATE

60089

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00420224

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Mar 20 (M3)
- Jun 20 (M6)
- Apr 20 (M4)
- Jul 20 (M7)
- Aug 20 (M8)
- Nov 20 (M11)
- Sep 20 (M9)
- Dec 20 (M12)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY .

Twelfth day report preceding election

on MM / DD / YYYY in the State of .

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY
10 / 01 / 2011

through

MM / DD / YYYY
10 / 31 / 2011

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

Type or Print Name of Treasurer

Claremont Ruff

Signature of Treasurer

Claremont Ruff

[Electronically Filed]

Date

MM / DD / YYYY
11 / 15 / 2011

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

Office Use Only

Write or Type Committee Name

COX 2008 COMMITTEE INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	1

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1277.68
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0.00
8. SUBTOTAL (Lines 6 and 7)	1277.68
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	12.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	1265.68
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	1055000.00
13. EXPENDITURES SUBJECT TO LIMITATION	-64924805.38

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	22167.51
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	1051591.36

POST-ELECTION DETAILED SUMMARY PAGE

Report Of Receipts And Disbursements

* If the candidate participated in the general election, use this form for the 30-day Post-General report.
 * If the candidate did NOT participate in the general election, use this form for the Year-End report covering through December 31 of the election year (due on January 31).
 This form is used in lieu of filling out Line Numbers 14 and 15 on the Report of Receipts and Disbursements (Summary Page) and Page 2 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

NAME OF COMMITTEE (in Full)

COX 2008 COMMITTEE INC

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

COLUMN A Total This Period	COLUMN B Election Cycle Total as of <input type="text" value="MM 02"/> / <input type="text" value="DD 03"/> / <input type="text" value="YYYY 2008"/>	COLUMN C Total for <input type="text" value="MM 02"/> / <input type="text" value="DD 04"/> / <input type="text" value="YYYY 2008"/> (date after general election) through <input type="text" value="MM 10"/> / <input type="text" value="DD 31"/> / <input type="text" value="YYYY 2011"/> (last day of reporting period)
I. RECEIPTS		
16. FEDERAL FUNDS (Itemize on Schedule A-P)		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized		
<input type="text" value="0.00"/>	<input type="text" value="17325.00"/>	<input type="text" value="11.10"/>
(ii) Unitemized		
<input type="text" value="0.00"/>	<input type="text" value="4842.51"/>	<input type="text" value="0.00"/>
(iii) Total Contributions		
<input type="text" value="0.00"/>	<input type="text" value="22167.51"/>	<input type="text" value="11.10"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) The Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		
<input type="text" value="0.00"/>	<input type="text" value="22167.51"/>	<input type="text" value="11.10"/>
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
* - See page 3 for date		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate		
0.00	1055000.00	0.00
(b) Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		
0.00	1055000.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating		
0.00	5357.30	1442.00
(b) Fundraising		
0.00	0.00	0.00
(c) Legal and Accounting		
0.00	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
0.00	5357.30	1442.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	500.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		
0.00	1083024.81	1453.10

II. DISBURSEMENTS

23. OPERATING EXPENDITURES		
12.00	1056948.66	2660.31
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
25. FUNDRAISING DISBURSEMENTS		
0.00	23603.26	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
27. LOAN REPAYMENTS MADE:		* - See page 3 for date
(a) Repayments of Loans Made or Guaranteed by Candidate		
0.00	0.00	0.00
(b) Other Repayments		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
0.00	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
0.00	0.00	0.00
29 OTHER DISBURSEMENTS		
0.00	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		
12.00	1080551.92	2660.31

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #14 on Summary Page for this report only; subtract Line 28(d) from Line 17(e))

0.00	22167.51	11.10
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #15 on Summary Page for this report only; subtract Line 20(a) from Line 23)

12.00	1051591.36	1218.31
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V. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)

0.00		
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FEC FORM 3P, Page 5
 Federal Election Commission
 999 E Street, N.W.
 Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00420224

COX 2008 COMMITTEE INC

ADDRESS (number and street)

Post Office Box 5353

Buffalo Grove

CITY

IL

STATE

60089

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	1000.00
Arkansas	0.00	0.00
California	0.00	12.60
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	12.60
District of Columbia	0.00	1095.59
Florida	0.00	12.60
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	40.00
Illinois	0.00	2969.72

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	101182.84
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	1012.60
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	44271.05
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	12.60
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	104362.90
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	100.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	256085.10

SCHEDULE B-P 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)		Date of Disbursement																					
A. Chase Bank		<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>10</td><td></td><td></td><td>31</td><td></td><td></td><td>2011</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			31			2011			
M	M	/	D	D	/	Y	Y	Y	Y														
10			31			2011																	
Mailing Address 825 West Euclid		Transaction ID : SB23.7339																					
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charges		<input type="text" value="101"/>	<input type="text" value="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:																					
State:	District: 02	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

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

Subtotal Of Receipts This Page (optional).....

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

SCHEDULE C-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="02 / 03 / 2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P
LOANS**

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City State ZIP Code
Chicago IL 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: M 03 / D 06 / Y 2006
Date Due: M M / D D / Y 12/31/08
Interest Rate: 5.10 % (apr)
Secured: Yes No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 15000.00

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
04 / 19 / 2006	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="05 / 04 / 2006"/>	<input type="text" value="12/31/2008"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
06 / 20 / 2006	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ 15000.00

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
07 / 14 / 2006	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 10000.00

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
07 / 28 / 2006	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 15000.00

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
08 / 14 / 2006	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
08 / 28 / 2006	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 15000.00

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 09 / D 20 / Y 2006	M / D / Y 12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 10 / D 12 / Y 2006	M / D / Y 12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="10/26/2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="20000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="11/08/2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="11/30/2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="50000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="50000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="12/06/2006"/>	<input type="text" value="12/31/08"/>	<input type="text" value="5.10"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

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: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 12 / D 22 / Y 2006	M / D / Y 12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5197**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
01 / 09 / 2007	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 50000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5198**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

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

TERMS

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

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5199**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
01 / 29 / 2007	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P
LOANS**

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5200**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
 General
 Other (specify) ▼

Mailing Address
55 East Erie

City State ZIP Code
Chicago IL 60611

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

TERMS

Date Incurred: M 02 / D 06 / Y 2007
Date Due: M / D / Y 12/31/08
Interest Rate: 5.10 % (apr)
Secured: Yes No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 20000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5201**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 02 / D 12 / Y 2007	M M / D D / Y 12/31/08 Y	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5202**

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

John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
03 / 01 / 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 50000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5203**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
03 / 14 / 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5574**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 04 / D 04 / Y 2007	M M / D D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5575**

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

John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 04 / D 15 / Y 2007	M / D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5576**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
05 / 02 / 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 50000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5577**

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

John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value="12/31/08"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5578**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 06 / D 13 / Y 2007	M M / D D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5579**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 06 / D 14 / Y 2007	M M / D D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.5580**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 06 / D 30 / Y 2007	M / D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P
LOANS**

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.6136**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City State ZIP Code
Chicago IL 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: M 07 / D 31 / Y 2007
Date Due: M M / D D / Y 12/31/08
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 30000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.6137**

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

John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="08/22/2007"/>	<input type="text" value="12/31/08"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.6138**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="09/05/2007"/>	<input type="text" value="12/31/08"/>	<input type="text" value="0.00"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.6139**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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:
09 / 20 / 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶ [] 10000.00

Total This Period (last page this line number 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-P LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.7036**

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

John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City	State	ZIP Code
Chicago	IL	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 10 / D 02 / Y 2007	M / D / Y 12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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-P
LOANS**

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : **SC/12.7037**

LOAN SOURCE Full Name (Last, First, Middle Initial)
John H. Cox

[PERSONAL FUNDS]

Election: 2008

- Primary
- General
- Other (specify) ▼

Mailing Address
55 East Erie

City State ZIP Code
Chicago IL 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: M 11 / D 03 / Y 2007
Date Due: M M / D D / Y 12/31/08
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

Subtotal Of Receipts This Page (optional).....	10000.00
Total This Period (last page this line number only).....	1055000.00

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