

# REPORT OF RECEIPTS AND DISBURSEMENTS

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

1 / 10

1. NAME OF COMMITTEE (in full) <b>COX 2008 COMMITTEE INC</b>		2. IDENTIFICATION NUMBER C00420224
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3330 DUNDEE RD SUITE S3		
CITY, STATE, and ZIP CODE NOROTHBROOK IL 60062		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

## 4. TYPE OF REPORT

(Check here  if this is a Termination Report.)

Monthly Report Due On:

<input checked="" type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> January 31 Year End Report	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT  YES  NO

5. COVERING PERIOD	FROM	THROUGH
	01/01/2006	03/31/2006
<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	0.00
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	41834.50
	8. SUBTOTAL (Lines 6 and 7) .....	41834.50
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	34213.88
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	7620.62
	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) .....	40000.00
13. EXPENDITURES SUBJECT TO LIMITATION .....	-65965786.12	
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	1834.50
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	22877.69

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 <b>Claremont Ruff</b>	Date 07/14/2006
Signature of Treasurer	

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

**For further information contact:** Federal Election Commission  
999 E Street, N.W. Toll Free 800-424-9530  
Washington, DC 20463 Local 202-694-1100

**FEC FORM 3P**  
(01/2001)

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

2 / 10

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>COX 2008 COMMITTEE INC</b>		Report Covering the Period From: 01/01/2006 To: 03/31/2006	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
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 .....		1834.50	1834.50
(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)) .....		1834.50	1834.50
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....		40000.00	40000.00
(b) Other Loans .....		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....		40000.00	40000.00
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) .....		41834.50	41834.50
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....		22877.69	22877.69
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....		11336.19	11336.19
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) .....		34213.88	34213.88
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....		0.00	

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

3 / 10

<b>1. NAME OF COMMITTEE (in full)</b> COX 2008 COMMITTEE INC		
<b>ADDRESS (number and street)</b> 3330 DUNDEE RD SUITE S3		
<b>CITY, STATE, and ZIP CODE</b> NOROTHBROOK IL 60062		<b>2. IDENTIFICATION NUMBER</b> 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	0.00	New Hampshire	50.00	50.00
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	0.00	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	134.69	134.69	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	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	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	100.00	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
			<b>TOTALS</b>	<b>284.69</b>	<b>284.69</b>

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 10
	(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

**A.** Full Name (Last, First, Middle Initial)  
Lucille Hanson

Mailing Address  
131 Shady Lane Drive #115

City State Zip Code  
Wadena MN 56482

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Amount of Each Receipt this Period  
500.00

Transaction ID: SA17A.4168

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 10
	(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

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) <b>A. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 25000.00
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 ▼ 25000.00	Transaction ID: SA19A.4100

Full Name (Last, First, Middle Initial) <b>B. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 15000.00
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 ▼ 40000.00	Transaction ID: SA19A.4101

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	40000.00
<b>TOTAL</b> This Period (last page this line number only) .....	40000.00

**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)

PAGE 6 / 10

<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) <b>A. Craig Bergman</b>		<b>Transaction ID: SB23.4102</b> Date of Disbursement
Mailing Address 3330 Dundee Rd Suite S 3		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Northbrook	State IL	Zip Code 60062
Purpose of Disbursement Travel	<input type="text" value="6325.00"/>	
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>B. RMG Inc</b>		<b>Transaction ID: SB23.4115</b> Date of Disbursement
Mailing Address 5015 Mac Corkle Ave SW		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City South Charleston	State WV	Zip Code 25309
Purpose of Disbursement Salary	<input type="text" value="15918.00"/>	
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>C. SOUTH CAROLINA REPUBLICAN PARTY</b>		<b>Transaction ID: SB23.4109</b> Date of Disbursement
Mailing Address P O Box 12373		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement State Convention Fee	<input type="text" value="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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="22743.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22743.00"/>

# 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 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

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) <b>A. Color Craft Printing</b>		<b>Transaction ID:</b> SB25.4118 Date of Disbursement
Mailing Address 7621 Baltimore Annapolis Blvd		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Glen Burnie	State MD	Zip Code 21060
Purpose of Disbursement Direct Mail	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4336.29"/>
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>B. M &amp; M Mailing</b>		<b>Transaction ID:</b> SB25.4120 Date of Disbursement
Mailing Address 1626 6th Ave		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Charleston	State WV	Zip Code 25312
Purpose of Disbursement Direct Mail	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1399.20"/>
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>C. US Postmaster</b>		<b>Transaction ID:</b> SB25.4124 Date of Disbursement
Mailing Address 2460 Dundee Road		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Northbrook	State IL	Zip Code 60062
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="660.50"/>
Candidate Name COX 2008 COMMITTEE INC	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6395.99"/>
<b>TOTAL</b> 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 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

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.** US Postmaster

Mailing Address 2460 Dundee Road

City Northbrook State IL Zip Code 60062

Purpose of Disbursement  
Postage

Candidate Name  
COX 2008 COMMITTEE INC

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB25.4125

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
**B.** US Postmaster

Mailing Address 2460 Dundee Road

City Northbrook State IL Zip Code 60062

Purpose of Disbursement  
Postage

Candidate Name  
COX 2008 COMMITTEE INC

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB25.4122

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4440.20

**SUBTOTAL** of Disbursements This Page (optional) .....

4940.20

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

11336.19



**SCHEDULE C (FEC Form 3P)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 / 10
	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**

<b>LOAN SOURCE</b> 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"/>

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

**SCHEDULE C (FEC Form 3P)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 10
	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**

<b>LOAN SOURCE</b> 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>15000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>40000.00</b>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	