

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 132

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

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

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

☒ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year End Report

Monthly Report Due On:  

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ 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
	01/01/2007	03/31/2007

<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	36937.28
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	295785.85
	8. SUBTOTAL (Lines 6 and 7) .....	332723.13
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	332474.57
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	248.56
	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) .....	745000.00
	13. EXPENDITURES SUBJECT TO LIMITATION .....	-65243142.05
<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) .....	12106.51
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	733254.69

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 04/13/2007
Signature of Treasurer	

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

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

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 132**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)  
**COX 2008 COMMITTEE INC**

Report Covering the Period

From: 01/01/2007

To: 03/31/2007

<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	.....	2668.00	12106.51
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		2668.00	12106.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	290000.00	745000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	290000.00	745000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	3117.85	3117.85
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		3117.85	3117.85
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	295785.85	760224.36
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	332474.57	736372.54
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	332474.57	759975.80
<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)

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**1. NAME OF COMMITTEE (in full)**  
**COX 2008 COMMITTEE INC**
**ADDRESS (number and street)**  
 3330 DUNDEE RD SUITE S3

**CITY, STATE, and ZIP CODE**  
 NORTHBROOK IL 60062

**2. IDENTIFICATION NUMBER**  
 C00420224

**ALLOCATION BY STATE**

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	5726.71	39904.80
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	12.60	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	12.60	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	12.60	12.60	North Dakota	0.00	0.00
District of Columbia	166.32	1095.59	Ohio	0.00	0.00
Florida	12.60	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	40.00	40.00	Rhode Island	0.00	0.00
Illinois	102.10	2892.97	South Carolina	72292.84	100245.84
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	12803.76	95985.11	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	12.60	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>91194.73</b>	<b>242327.31</b>

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Marcello Apolito Mailing Address 75 Trinity Street 3C City State Zip Code Newton NJ 07860 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer State Shuttle, Inc. Occupation Airport Shuttle Driver Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 20.00		Transaction ID: SA17A.5072
<b>B.</b> Full Name (Last, First, Middle Initial) James Attaway Mailing Address 20531 Wind Ridge Lane City State Zip Code Spring TX 77379 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Miracle Recreation Occupation Sales Management Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.5142
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Baker Mailing Address 1610 South Fourth State City State Zip Code Arkansas City KS 67005 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 5.00
Name of Employer Retired Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5.00		Transaction ID: SA17A.5074

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

75.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Bell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 39 Three Lakes Drive		Amount of Each Receipt this Period 25.00	
City San Antonio	State TX	Zip Code 78248	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5147	
Name of Employer Douglas Bell & Associates	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		
<b>B.</b> Full Name (Last, First, Middle Initial) William Benton		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 516 Ponderosa Drive		Amount of Each Receipt this Period 50.00	
City Fort Collins	State CO	Zip Code 80521	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5090	
Name of Employer Retired	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Berger		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 4826 White Dove		Amount of Each Receipt this Period 100.00	
City Orange	State CA	Zip Code 92869	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5149	
Name of Employer Ross Morgan & Company	Occupation Accountant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

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

175.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Blythe Mailing Address 8309 Cadenza Lane City State Zip Code Dallas TX 85228 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		<b>Transaction ID:</b> SA17A.5223
<b>B.</b> Full Name (Last, First, Middle Initial) Vivian Bockus Mailing Address 302 West Leota #208A City State Zip Code North Platte NV 69101 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		<b>Transaction ID:</b> SA17A.5214
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert Boyer Mailing Address 2224 White Road City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Occupation U.S. Government Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		<b>Transaction ID:</b> SA17A.5032

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

110.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Peggy Brandt Mailing Address 5508 Oliver Avenue South City State Zip Code Minneapolis MN 55419 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 30.00
Name of Employer Self Employed Occupation Medical Transcriptionist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 30.00		Transaction ID: SA17A.5151
<b>B.</b> Full Name (Last, First, Middle Initial) Charlene Brown Mailing Address 20112 Raven Drive City State Zip Code Eagle River AK 99577 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Student Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5211
<b>C.</b> Full Name (Last, First, Middle Initial) Ralph Brown Mailing Address 7509 Flagstone Street City State Zip Code Fort Worth TX 76118 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Capellon Pharm. Occupation Administration Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.5034

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

105.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Buck Mailing Address 10049 Casazza Ranch Lane City State Zip Code Reno NV 89511 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 3.00
Name of Employer Occupation Student Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3.00		<b>Transaction ID:</b> SA17A.5205
<b>B.</b> Full Name (Last, First, Middle Initial) Dale Canady Mailing Address 3931 West Lane Avenue City State Zip Code Phoenix AZ 85051 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		<b>Transaction ID:</b> SA17A.5076
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William Cathey Mailing Address 3801 Joe Chandler Road City State Zip Code Gainesville GA 30507 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Lanier Technical College Technical Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		<b>Transaction ID:</b> SA17A.5190

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

**53.00**

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



# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Duane Coleman Mailing Address 5430 Davis Cup Court City State Zip Code El Paso TX 79932 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Sun Travel Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		<b>Transaction ID:</b> SA17A.5145
<b>B.</b> Full Name (Last, First, Middle Initial) James Cooper Mailing Address 9002 Oak Vista City State Zip Code Orange TX 77630 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer Occupation Firestone Polymers Technician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 20.00		<b>Transaction ID:</b> SA17A.5098
<b>C.</b> Full Name (Last, First, Middle Initial) Alvin Cordes, Rev. Mailing Address 8604 Stella Avenue City State Zip Code St. Louis MO 63134 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		<b>Transaction ID:</b> SA17A.5078

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

55.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) George Cox Mailing Address 6690 Maple Ridge Lane City State Zip Code Blanchard OK 73010 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Self Employed Occupation Farmer Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00			Transaction ID: SA17A.5039
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Davidson Mailing Address 30 Impala Way City State Zip Code San Antonio TX 78258 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer PJ Madison's Ice Cream Occupation Business Owner Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00			Transaction ID: SA17A.5153
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathon Dunaway Mailing Address 272 Old Orchard Road City State Zip Code Deatsville AL 36022 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer CSC Occupation Technical Manager Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00			Transaction ID: SA17A.5100

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

60.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Dwyer Mailing Address 6221 Parkhill Drive City State Zip Code Alexandria VA 22312 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Kevin Dwyer, Inc. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Self Election Cycle-to-Date ▼ 50.00 <b>Transaction ID: SA17A.5062</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Egan Mailing Address Post Office Box 1392 City State Zip Code Lexington SC 29071 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Carolina Retail Packaging Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President - Sales Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5155</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Ed Faddoul Mailing Address 3 Second Avenue NW City State Zip Code Waukon IA 52172 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Potential Entrepreneur Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Consultant Election Cycle-to-Date ▼ 50.00 <b>Transaction ID: SA17A.5102</b>

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

125.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew Finestine Mailing Address 6324 Midfield Drive City State Zip Code Fort Wayne IN 46815 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer North Side Plumbing and Heating Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Plumber Election Cycle-to-Date ▼ 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Philip Fischella Mailing Address 27252 Brio Circle City State Zip Code Mission Viejo CA 92692 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Atwood-Prior Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Sales Election Cycle-to-Date ▼ 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Herbst Fritz Mailing Address 4305 Boggy Creek Road City State Zip Code Brenham TX 77833 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Veritas DGC Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation IT Management Election Cycle-to-Date ▼ 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		125.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Garbato Mailing Address 225 Brower Road City State Zip Code Rochester NY 14622 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Wegmans Food & Pharmacy Occupation Retail Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5157
<b>B.</b> Full Name (Last, First, Middle Initial) George Gardner Mailing Address 500 Glendale Street Post Office Box 38 City State Zip Code Carlisle PA 17013 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7 Amount of Each Receipt this Period 100.00
Name of Employer Retired Occupation Retired Receipt For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Transaction ID: SA17A.5064
<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence Gilley Mailing Address 3562 Southampton Drive City State Zip Code Jeffersonton VA 22724 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 30.00		Transaction ID: SA17A.5057

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

135.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Henry Graham Mailing Address 3700 Indian Springs Trail City State Zip Code Arlington TX 76016 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 175.00
Name of Employer Citigroup Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Financial Advisor Election Cycle-to-Date ▼ 175.00 <b>Transaction ID: SA17A.5159</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Evelyn Greer Mailing Address Post Office Box 414 City State Zip Code Greenville NY 12083 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5216</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Denise Hampton Mailing Address 321 South Thornwood Drive City State Zip Code Lindenhurst IL 60046 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Zebra Technologies Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Marketing Election Cycle-to-Date ▼ 10.00 <b>Transaction ID: SA17A.5108</b>

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

210.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) James Harpe Mailing Address 2747 S 200 W City State Zip Code Tipton IN 46072 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 5.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5.00		Transaction ID: SA17A.5110
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jesse Hazelet Mailing Address CMR 415 Box 4593 City State Zip Code APO, AE NY 09114 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer Department of Army Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 20.00		Transaction ID: SA17A.5186
<b>C.</b> Full Name (Last, First, Middle Initial) Wade Hill Mailing Address 344 Dave England Road City State Zip Code Sparta TN 38583 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer Dell, Inc. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 20.00		Transaction ID: SA17A.5051

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

45.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Wally Hogland Mailing Address 8606 Columbia Drive City State Zip Code Rowlett TX 75809 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Hogland Enterprises Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Owner Election Cycle-to-Date ▼ 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Loretta Horvath Mailing Address 6 Tyler Lane City State Zip Code Bluffton SC 29909 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Hunt, III Mailing Address 7 Sole Street City State Zip Code Falmouth ME 04105 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Dirigo Telecommunications Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President and CEO Election Cycle-to-Date ▼ 50.00

Transaction ID: SA17A.5172

Transaction ID: SA17A.5218

Transaction ID: SA17A.5188

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

110.00

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



# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) William Hunter Mailing Address 7090 Dushanbe Place City State Zip Code Dulles VA 20189 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer U.S. Department of State Occupation Information Management Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		Transaction ID: SA17A.5112
<b>B.</b> Full Name (Last, First, Middle Initial) David James Mailing Address 1713 Weatherswood Drive NW City State Zip Code Gig Harbor WA 98335 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Retired Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5114
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Stacey Keating Mailing Address 4015 Cold Spring Road City State Zip Code Williamsburg VA 23188 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Homemaker/Mother Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5116

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

60.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Ray Kelly Mailing Address 1201 Garth Circle City State Zip Code Huntsville AL 35801 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Arktech Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5055
<b>B.</b> Full Name (Last, First, Middle Initial) Mary Knobeloch Mailing Address 3647 South 1610 W City State Zip Code St. George UT 84790 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 10.00
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 ▼ 10.00		Transaction ID: SA17A.5163
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Krause Mailing Address 789 Ayers Street City State Zip Code Bollingbrook IL 60440 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Cibavision Manufacturing Management Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5118

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

60.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Landis Mailing Address 2716 N.E. 147th Street City State Zip Code Seattle WA 98155 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 8.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 8.00		<b>Transaction ID:</b> SA17A.5209
<b>B.</b> Full Name (Last, First, Middle Initial) Dwight Lorenz Mailing Address 14223 North Turnlebrook Way City State Zip Code Sun City AZ 85351 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer None Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 40.00		<b>Transaction ID:</b> SA17A.5093
<b>C.</b> Full Name (Last, First, Middle Initial) Austin Lowrie Mailing Address Post Office Box 51386 City State Zip Code Denton TX 51386 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Lowrie Transportation, Inc. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		<b>Transaction ID:</b> SA17A.5182

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

**38.00**

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Terry Mahon Mailing Address 3075 Promenade City State Zip Code Costa Mesa CA 92626 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 100.00
Name of Employer Oliver-Mahon Associates Occupation Assistant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Transaction ID: SA17A.5164
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Malisewski Mailing Address 11822 Rue Saint Lazare Court City State Zip Code Tomball TX 77377 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5058
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathon March Mailing Address 47 Lightfoot Road City State Zip Code Brownville TN 38012 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer ADM Occupation Pilot Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5122

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

150.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) F. A. Martinez			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 7281 N W Eaton Circle				
City	State	Zip Code		
Arvada	CO	80003		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 15.00	
Name of Employer		Occupation		
		Not provided		
Receipt For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 15.00		
			Transaction ID: SA17A.5227	
<b>B.</b> Full Name (Last, First, Middle Initial) Phil Martinez			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 11932 Leland Street				
City	State	Zip Code		
Whittier	CA	90605		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 25.00	
Name of Employer		Occupation		
Retired				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00		
			Transaction ID: SA17A.5124	
<b>C.</b> Full Name (Last, First, Middle Initial) Steve McCullough			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 103 North Minnesota Street				
City	State	Zip Code		
Mitchell	SD	57301		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 25.00	
Name of Employer		Occupation		
DADS Construction		Contractor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00		
			Transaction ID: SA17A.5096	

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

65.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Shane Meyers Mailing Address 612 Thorn Hollow Drive City State Zip Code Coraopolis PA 15108 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Staffmark Occupation Computer Programmer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5166</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Duane Mohr Mailing Address 12824 SE 91st Terrace Road City State Zip Code Summerfield FL 34491 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer LSCO Occupation Programmer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5060</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Lonnie Nedved Mailing Address 1200 South Burr City State Zip Code Mitchell SD 57301 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 100.00
Name of Employer Women Specialty Clinic Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 100.00 <b>Transaction ID: SA17A.5128</b>

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

150.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Earl Noar Mailing Address 6067 Central Avenue City State Zip Code Anacortes WA 98211 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Land Developer Election Cycle-to-Date ▼ 100.00 <b>Transaction ID: SA17A.5050</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Edwin Oxner Mailing Address 13106 Onion Creek Drive City State Zip Code Manchaca TX 78652 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5080</b>
<b>C.</b> Full Name (Last, First, Middle Initial) David Poisel Mailing Address 3840 Frankford Road Apartment 2005 City State Zip Code Dallas TX 75287 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 20.00
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Unknown Election Cycle-to-Date ▼ 20.00 <b>Transaction ID: SA17A.5207</b>

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

145.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia Priore Mailing Address 7132 Fernbank Avenue City State Zip Code Cincinnati OH 45233 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Retired Occupation Teacher Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5066
<b>B.</b> Full Name (Last, First, Middle Initial) Ruth Rathbun Mailing Address 33 Sunset Avenue City State Zip Code Putnam CT 06260 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Ruth's Cleaning Occupation Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		Transaction ID: SA17A.5178
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Ressel, Jr. Mailing Address 175 Ward Road City State Zip Code Martinsville VA 24112 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Ronbuilt Corp. Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.5082

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

85.00

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



# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Romer, Sr. Mailing Address 435 Park Charles Boulevard City State Zip Code St. Peters MO 63376 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer St. Louis Community College Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Manager Business Section Election Cycle-to-Date ▼ 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Romeyn Mailing Address 2600 Meadowridge SW City State Zip Code Byron Center MI 49315 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer DTE Energy Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation UFCW Local 132 Treasurer Election Cycle-to-Date ▼ 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Arnold Rosenthal Mailing Address Post Office Box 5482 City State Zip Code Carefree AZ 85277 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Election Cycle-to-Date ▼ 10.00

Transaction ID: SA17A.5068

Transaction ID: SA17A.5130

Transaction ID: SA17A.5084

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

85.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Gene Rushing, Jr. Mailing Address 9707 Fonville Drive City State Zip Code Houston TX 77075 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer A.G. Rushing Distributing, LLC Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Small Business Owner Election Cycle-to-Date ▼ 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Sangster Mailing Address 4015 124th Street City State Zip Code Urbandale IA 50323 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Not provided Election Cycle-to-Date ▼ 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Schwenkler Mailing Address 1710 West Church Street City State Zip Code Elmira NY 14905 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Not provided Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Not provided Election Cycle-to-Date ▼ 50.00

Transaction ID: SA17A.5132

Transaction ID: SA17A.5134

Transaction ID: SA17A.5225

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

100.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 / 132

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Clyde Selvidge Mailing Address 7920 Greenlawn Drive City State Zip Code New Port Richey FL 34653 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 10.00 <b>Transaction ID: SA17A.5176</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Raymond Sitter Mailing Address 35540 Sassafra City State Zip Code Round Hill VA 20141 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Accenture Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Computer Programmer Election Cycle-to-Date ▼ 50.00 <b>Transaction ID: SA17A.5168</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Herbert Smith Mailing Address 2699 Highway 11 City State Zip Code Travelers Rest SC 29690 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Chamhill/Lockwood Green Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Engineer Election Cycle-to-Date ▼ 25.00 <b>Transaction ID: SA17A.5170</b>

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

85.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

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(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Stefan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 13414 Southern Way		Amount of Each Receipt this Period 25.00	
City Windemere	State FL	Zip Code 34786	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5136	
Name of Employer CIT SBL	Occupation Regional Area Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Stewart		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 1199 West Linda Lane		Amount of Each Receipt this Period 5.00	
City Chandler	State AZ	Zip Code 85224	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5086	
Name of Employer Dynamic Energy	Occupation Technician		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Albert Strong		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 9647 Wenzel Street		Amount of Each Receipt this Period 25.00	
City Fairfax	State VA	Zip Code 22032	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5088	
Name of Employer TekSystems	Occupation Business Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		

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

55.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan Mailing Address 22 Charles River Square City State Zip Code Boston MA 02114 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer Sullivan Risk Management Occupation Chairman & CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		<b>Transaction ID:</b> SA17A.5174
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. R.S. Terry, Sr. Mailing Address 1311 North Montgomery Avenue City State Zip Code Sheffield AL 35660 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Retired Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		<b>Transaction ID:</b> SA17A.5138
<b>C.</b> Full Name (Last, First, Middle Initial) Raymond Thomas Mailing Address 6562 Lakeview Drive City State Zip Code Gloucester VA 23061 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Receipt this Period 25.00
Name of Employer Thomas & Sons Plumbing, LLC Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		<b>Transaction ID:</b> SA17A.5192

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

100.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Torchia		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 522 South Hunt Club Drive #405		Amount of Each Receipt this Period 10.00	
City State Zip Code Apopka FL 32703			
FEC ID number of contributing federal political committee.			
Name of Employer Retired		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10.00	
		<b>Transaction ID: SA17A.5140</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Dorothy Vadnais		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 4640 Kansas Street #1		Amount of Each Receipt this Period 10.00	
City State Zip Code San Diego CA 92116			
FEC ID number of contributing federal political committee.			
Name of Employer		Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10.00	
		<b>Transaction ID: SA17A.5070</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Louise Waruszewski		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 1415 San Rafael Avenue, N.E.		Amount of Each Receipt this Period 25.00	
City State Zip Code Albuquerque NM 87122			
FEC ID number of contributing federal political committee.			
Name of Employer		Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00	
		<b>Transaction ID: SA17A.5220</b>	

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

45.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 / 132

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Wojcik Mailing Address 3025 Edward Street City State Zip Code Maplewood MN 55109 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Receipt this Period 50.00
Name of Employer SP Richards Comm Occupation Warehouse Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.5094
<b>B.</b> Full Name (Last, First, Middle Initial) Melanie Wooten Mailing Address 2202 8th Avenue E-1 City State Zip Code University Park IA 52595 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7 Amount of Each Receipt this Period 2.00
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2.00		Transaction ID: SA17A.5180
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Zink Mailing Address 5105 Halifax Way City State Zip Code Mt. Laurel NJ 08054 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7 Amount of Each Receipt this Period 10.00
Name of Employer State of New Jersey Occupation Teacher Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		Transaction ID: SA17A.5184

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

62.00

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

2668.00

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 132

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7 Amount of Each Receipt this Period 50000.00 Personal Check No. 3753 Transaction ID: SA19A.5197
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 505000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Amount of Each Receipt this Period 40000.00 Transfer from personal account Transaction ID: SA19A.5198
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 545000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7 Amount of Each Receipt this Period 50000.00 Transfer from personal funds Transaction ID: SA19A.5199
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 595000.00		

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

140000.00

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



# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 / 132

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 Amount of Each Receipt this Period 20000.00 Transfer from personal funds
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 615000.00		Transaction ID: SA19A.5200
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7 Amount of Each Receipt this Period 30000.00 Transfer from personal funds
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 645000.00		Transaction ID: SA19A.5201
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Amount of Each Receipt this Period 50000.00 JHC personal check #3795
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 695000.00		Transaction ID: SA19A.5202

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

100000.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 / 132

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

**A.**

Full Name (Last, First, Middle Initial)

JOHN H COX

Mailing Address

55 E ERIE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

745000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Amount of Each Receipt this Period

50000.00

Transfer from personal funds

Transaction ID: SA19A.5203

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

50000.00

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

290000.00

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 / 132

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard City State Zip Code Roseland NJ 07068 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Receipt this Period 81.00 Reimbursement of Payroll Taxes
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 ▼ 221.40		Transaction ID: SA20A.5371
<b>B.</b> Full Name (Last, First, Middle Initial) Micheal Burton Mailing Address 1031 Runnymede Lane City State Zip Code North Charleston SC 29407 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 396.94 Reversal of lost check
Name of Employer Occupation Cox 2008 Political Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 396.94		Transaction ID: SA20A.5572
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Huff Mailing Address 1219 North 3 Dr City State Zip Code Manchester IA 52056 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 770.04 Reversal of direct deposit not processed
Name of Employer Occupation Cox 2008 Committee Political Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 770.04		Transaction ID: SA20A.5564

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

1247.98

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 36 / 132

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Mitchell County Central Committee Mailing Address 133 Vine Street City State Zip Code Osage IA 50461 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 500.00 Reversal of outstanding check
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 ▼ 500.00		Transaction ID: SA20A.5567
<b>B.</b> Full Name (Last, First, Middle Initial) Polk County GOP Mailing Address 1475 NW 92nd City State Zip Code Clive IA 50325 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 250.00 Reversal of outstanding check
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 ▼ 250.00		Transaction ID: SA20A.5566
<b>C.</b> Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF IOWA Mailing Address 621 E. Ninth Street City State Zip Code Des Moines IA 50309 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Receipt this Period 250.00 Reversal of check not cashed
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 ▼ 250.00		Transaction ID: SA20A.5571

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

1000.00

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

# **SCHEDULE A** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 / 132

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

**A.**

Full Name (Last, First, Middle Initial)

Barbara Tarallo

Mailing Address

70 Hubbard Court

City

Derry

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

Name of Employer  
Cox 2008

Occupation

Political Consultant

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

661.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	7

Amount of Each Receipt this Period

661.47

Reversal of lost check

Transaction ID: SA20A.5570

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

661.47

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

2909.45

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Abbott		<b>Transaction ID:</b> SB23.5242 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 239 Harrison Street		<b>Amount of Each Disbursement this Period</b> <div>458.48</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Petty Cash Reimbursement	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Abbott		<b>Transaction ID:</b> SB23.5465 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 239 Harrison Street		<b>Amount of Each Disbursement this Period</b> <div>1653.48</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Abbott		<b>Transaction ID:</b> SB23.5466 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 239 Harrison Street		<b>Amount of Each Disbursement this Period</b> <div>1653.48</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**3765.44**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 132

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Abbott		<b>Transaction ID:</b> SB23.5467 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 239 Harrison Street		<b>Amount of Each Disbursement this Period</b> <div>1653.48</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>104</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) ADP		<b>Transaction ID:</b> SB23.5293 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 7</div> </div>
Mailing Address 1 ADP Boulevard		<b>Amount of Each Disbursement this Period</b> <div>125.50</div>
City Roseland State NJ Zip Code 07068		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>101</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) ADP		<b>Transaction ID:</b> SB23.5294 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 7</div> </div>
Mailing Address 1 ADP Boulevard		<b>Amount of Each Disbursement this Period</b> <div>84.00</div>
City Roseland State NJ Zip Code 07068		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>101</div> Category/ Type

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

1862.98

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<b>Transaction ID: SB23.5441</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 4154.57
<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<b>Transaction ID: SB23.5443</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 4480.66
<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<b>Transaction ID: SB23.5295</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 73.50

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

**8708.73**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5296</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 128.00
<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5297</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 73.50
<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5444</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 6700.18

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

**6901.68**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5299</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 88.00
<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5300</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 70.50
<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5445</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 3822.28
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>3980.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

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

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.00

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

ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.50

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

ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll taxes

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3582.56

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

3710.06

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 132

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll services

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5289

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

72.50

Full Name (Last, First, Middle Initial)

**B.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll Services

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5258

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

53.00

Full Name (Last, First, Middle Initial)

**C.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll Taxes

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5279

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

3051.74

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

3177.24

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Julianne Anderson		<b>Transaction ID:</b> SB23.5387 <b>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>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	0	7													
Mailing Address 2328 University Avenue #303		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>606.09</td> </tr> </table>	606.09																			
606.09																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		104 Category/Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Julianne Anderson		<b>Transaction ID:</b> SB23.5391 <b>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>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	7													
Mailing Address 2328 University Avenue #303		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>606.10</td> </tr> </table>	606.10																			
606.10																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		104 Category/Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Julianne Anderson		<b>Transaction ID:</b> SB23.5388 <b>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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
Mailing Address 2328 University Avenue #303		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>606.09</td> </tr> </table>	606.09																			
606.09																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/Type																				

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

1818.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Julianne Anderson

Mailing Address 2328 University Avenue #303

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5389

Date of Disbursement

/   /

Amount of Each Disbursement this Period

606.10

Full Name (Last, First, Middle Initial)

**B.** Julianne Anderson

Mailing Address 2328 University Avenue #303

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

606.09

Full Name (Last, First, Middle Initial)

**C.** Julianne Anderson

Mailing Address 2328 University Avenue #303

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5277

Date of Disbursement

/   /

Amount of Each Disbursement this Period

606.10

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

1818.29

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1364.57

104

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1364.56

104

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1364.56

104

Category/  
Type

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

4093.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City  
Hubbard

State  
IA

Zip Code  
50122

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

104  
Category/  
Type

Transaction ID: SB23.5439

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1364.56

Full Name (Last, First, Middle Initial)

**B.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City  
Hubbard

State  
IA

Zip Code  
50122

Purpose of Disbursement  
Telephone reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

104  
Category/  
Type

Transaction ID: SB23.5440

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

138.62

Full Name (Last, First, Middle Initial)

**C.** Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City  
Hubbard

State  
IA

Zip Code  
50122

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

104  
Category/  
Type

Transaction ID: SB23.5276

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

1364.56

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

2867.74

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Bob Andrews</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 870189 City Stone Mountain State GA Zip Code 30087 Purpose of Disbursement Contractor Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5315</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 101 Category/ Type
<b>B. Bob Andrews</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 870189 City Stone Mountain State GA Zip Code 30087 Purpose of Disbursement Contractor Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5317</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 101 Category/ Type
<b>C. Angel Pictures, LLC - Tricia Erickson</b> Full Name (Last, First, Middle Initial) Mailing Address 6523 Hitt Avenue City McLean State VA Zip Code 22101 Purpose of Disbursement Media Consultant Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5482</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 5000.00 101 Category/ Type

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Buffalo Grove Post Office**

Mailing Address 255 North Buffalo Grove Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Postage

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5325

Date of Disbursement

/   /

Amount of Each Disbursement this Period

252.00

Full Name (Last, First, Middle Initial)

## **B. Buffalo Grove Post Office**

Mailing Address 255 North Buffalo Grove Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Business Reply Mail permit renewal

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5450

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

## **C. Micheal Burton**

Mailing Address 1031 Runnymede Lane

City North Charleston State SC Zip Code 29407

Purpose of Disbursement  
Replaces #1192 - October 2006

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5407

Date of Disbursement

/   /

Amount of Each Disbursement this Period

396.94

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

808.94

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Micheal Burton</b> Full Name (Last, First, Middle Initial) Mailing Address 1031 Runnymede Lane City North Charleston State SC Zip Code 29407 Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5409</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 673.98
<b>B. Chase Bank</b> Full Name (Last, First, Middle Initial) Mailing Address Clinton & Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement New Checks Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5246</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 49.50
<b>C. Chase Bank</b> Full Name (Last, First, Middle Initial) Mailing Address Clinton & Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Bank fees Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5541</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 35.00
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....		<b>758.48</b>
<b>TOTAL This Period (last page this line number only)</b> .....		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Chase Bank**

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Bank fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District: 02

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5555

Date of Disbursement

01 / 07 / 2007

Amount of Each Disbursement this Period

35.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Chase Bank**

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire Fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District: 02

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5503

Date of Disbursement

01 / 16 / 2007

Amount of Each Disbursement this Period

20.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Chase Bank**

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District: 02

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5524

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

39.00

101  
Category/  
Type

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

94.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5504

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire Fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5505

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Bank fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5307

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

96.00

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

136.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Chase Bank</b> Full Name (Last, First, Middle Initial) Mailing Address Clinton & Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5291</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 101 Category/ Type
<b>B. Clear Channel Radio</b> Full Name (Last, First, Middle Initial) Mailing Address 1113 Nebraska Street City Sioux City State IA Zip Code 51105 Purpose of Disbursement Radio ads Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5344</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 1275.00 101 Category/ Type
<b>C. Jim Coburn</b> Full Name (Last, First, Middle Initial) Mailing Address 788 Elm Street City Manchester State NH Zip Code 03108 Purpose of Disbursement Furniture Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5376</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 600.00 101 Category/ Type

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

1895.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.5328 <b>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>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	6		2	0	0	7													
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1176.82</td> </tr> </table>	1176.82																			
1176.82																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement February rent																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.5329 <b>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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1176.82</td> </tr> </table>	1176.82																			
1176.82																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement March rent																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.5260 <b>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>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	7													
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>232.93</td> </tr> </table>	232.93																			
232.93																						
City Des Moines State IA Zip Code 50311																						
Purpose of Disbursement Utility Reimbursement																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				

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

2586.57

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Colby Trust</b> Full Name (Last, First, Middle Initial) Mailing Address 6581 University Avenue City Des Moines State IA Zip Code 50311 Purpose of Disbursement April rent Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5262</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1176.82
<b>B. Color Craft Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 7621 Baltimore Annapolis Blvd City Glen Burnie State MD Zip Code 21060 Purpose of Disbursement Printing services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5346</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 714.88
<b>C. Complete Campaigns.com</b> Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102 Purpose of Disbursement Internet Services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5347</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 42.50
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1934.20
<b>TOTAL</b> This Period (last page this line number only) .....		



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 132

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Constantine Financial Services, Inc.

Mailing Address 2400 EarlsGate Ct

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Financial Services

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5348

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**B.** Constantine Financial Services, Inc.

Mailing Address 2400 EarlsGate Ct

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Financial Services

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5349

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

**C.** Edward Cousar

Mailing Address 206 Old Friendship Road

City Catawba State SC Zip Code 29704

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5373

Date of Disbursement

01 / 09 / 2007

Amount of Each Disbursement this Period

449.45

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

4899.45

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 132

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement

Mileage reimbursement

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5374

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2007

Amount of Each Disbursement this Period

125.13

Full Name (Last, First, Middle Initial)

**B.** Dell Computers

Mailing Address 1804 Green Oaks Road

City State Zip Code  
Fort Worth TX 76116

Purpose of Disbursement

Computer Equipment

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5546

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2007

Amount of Each Disbursement this Period

3689.26

Full Name (Last, First, Middle Initial)

**C.** Dionysus Consulting

Mailing Address 21 Oakland Avenue 1st Floor

City State Zip Code  
Bay Shore NY 11706

Purpose of Disbursement

Consulting

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5372

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2007

Amount of Each Disbursement this Period

10000.00

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

13814.39

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Edonation 228 S Washington St Mailing Address 228 South Washington Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Donation Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.5557 <b>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>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <div>2550.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	9		2	0	0	7													
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address 1 Federal Express Drive City Nashville State TN Zip Code 39240 Purpose of Disbursement Delivery Services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.5545 <b>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>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <div>486.99</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	5		2	0	0	7													
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address 1 Federal Express Drive City Nashville State TN Zip Code 39240 Purpose of Disbursement Overnight Delivery Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB23.5520 <b>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>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <div>36.78</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	1		2	0	0	7													

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

**3073.77**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address 1 Federal Express Drive

City Nashville State TN Zip Code 39240

Purpose of Disbursement  
Overnight Delivery

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5521

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

12.33

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Federal Express**

Mailing Address 1 Federal Express Drive

City Nashville State TN Zip Code 39240

Purpose of Disbursement  
Delivery Services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5551

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

398.09

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Brigitta Hebdon**

Mailing Address 161 Glenbrook Drive

City Glenwood State IA Zip Code 51534

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5320

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

429.78

101  
Category/  
Type

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

840.20

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 132

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Brigitta Hebdon

Mailing Address 161 Glenbrook Drive

City State Zip Code  
Glenwood IA 51534

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

429.76

Full Name (Last, First, Middle Initial)

**B.** Danette Hein-Snider

Mailing Address 16822 State Orchard Road

City State Zip Code  
Council Bluffs IA 51503

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5360

Date of Disbursement

/   /

Amount of Each Disbursement this Period

776.28

Full Name (Last, First, Middle Initial)

**C.** Danette Hein-Snider

Mailing Address 16822 State Orchard Road

City State Zip Code  
Council Bluffs IA 51503

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

766.28

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

1972.32

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5355

Date of Disbursement

01 / 09 / 2007

Amount of Each Disbursement this Period

420.97

Full Name (Last, First, Middle Initial)

**B.** Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5358

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

233.18

Full Name (Last, First, Middle Initial)

**C.** Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5359

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

512.66

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

1166.81

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel		<b>Transaction ID:</b> SB23.5527 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 7</div> </div>
Mailing Address 5000 Seminary Road		<b>Amount of Each Disbursement this Period</b> <div>632.80</div>
City Alexandria State VA Zip Code 22311		
Purpose of Disbursement Travel Expenses - Lodging	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Huff		<b>Transaction ID:</b> SB23.5469 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 1219 North 3 Dr		<b>Amount of Each Disbursement this Period</b> <div>1109.92</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Huff		<b>Transaction ID:</b> SB23.5470 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 1219 North 3 Dr		<b>Amount of Each Disbursement this Period</b> <div>64.33</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**1807.05**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Steve Huff

Mailing Address 1219 North 3 Dr

City  
Manchester

State  
IA

Zip Code  
52056

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5471

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

1102.92

Full Name (Last, First, Middle Initial)

**B.** Steve Huff

Mailing Address 1219 North 3 Dr

City  
Manchester

State  
IA

Zip Code  
52056

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5472

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1109.92

Full Name (Last, First, Middle Initial)

**C.** Steve Huff

Mailing Address 1219 North 3 Dr

City  
Manchester

State  
IA

Zip Code  
52056

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5474

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1109.92

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

3322.76

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Huff		<b>Transaction ID:</b> SB23.5475 <b>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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	7													
Mailing Address 1219 North 3 Dr		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>1</td><td>0</td><td>9</td><td>.</td><td>9</td><td>2</td> </tr> </table>	1	1	0	9	.	9	2													
1	1		0	9	.	9	2															
City Manchester State IA Zip Code 52056	Purpose of Disbursement Payroll																					
Candidate Name	101 Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Huff		<b>Transaction ID:</b> SB23.5476 <b>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>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
Mailing Address 1219 North 3 Dr		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>2</td><td>4</td><td>.</td><td>1</td><td>7</td> </tr> </table>	2	2	4	.	1	7														
2	2		4	.	1	7																
City Manchester State IA Zip Code 52056	Purpose of Disbursement Reimbursements																					
Candidate Name COX 2008 COMMITTEE INC	101 Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Huff		<b>Transaction ID:</b> SB23.5275 <b>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>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	7													
Mailing Address 1219 North 3 Dr		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>1</td><td>0</td><td>9</td><td>.</td><td>9</td><td>2</td> </tr> </table>	1	1	0	9	.	9	2													
1	1		0	9	.	9	2															
City Manchester State IA Zip Code 52056	Purpose of Disbursement Payroll																					
Candidate Name COX 2008 COMMITTEE INC	101 Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

**2444.01**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Learfield News</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1588 City Jefferson City State MO Zip Code 65102 Purpose of Disbursement Media Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5398</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 5390.00
<b>B. March for Life</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 90300 City Washington State DC Zip Code 20090 Purpose of Disbursement Donation Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5531</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 225.00
<b>C. Nathan Martin</b> Full Name (Last, First, Middle Initial) Mailing Address 483 Parkview Street City Mansfield State OH Zip Code 44903 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5410</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 1856.76

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

7471.76

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5411 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>551.78</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Reimbursement - telephone	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5412 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>1750.00</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5413 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>1865.76</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....		<div>4167.54</div>
<b>TOTAL This Period (last page this line number only)</b> .....		

# **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 68 / 132

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Nathan Martin

Mailing Address 483 Parkview Street

City Mansfield State OH Zip Code 44903

Purpose of Disbursement

Payroll - pay differential

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5506

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Nathan Martin

Mailing Address 483 Parkview Street

City Mansfield State OH Zip Code 44903

Purpose of Disbursement

Payroll

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5508

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

**C.** Nathan Martin

Mailing Address 483 Parkview Street

City Mansfield State OH Zip Code 44903

Purpose of Disbursement

Wire fee

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5509

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

-20.00

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

3230.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5414 <b>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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1786.36</td> </tr> </table>	1786.36																			
1786.36																						
City Mansfield State OH Zip Code 44903																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5415 <b>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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1750.00</td> </tr> </table>	1750.00																			
1750.00																						
City Mansfield State OH Zip Code 44903																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5420 <b>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>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	0	7													
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>90.74</td> </tr> </table>	90.74																			
90.74																						
City Mansfield State OH Zip Code 44903																						
Purpose of Disbursement Reimbursement																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<table border="1"> <tr> <td>3627.10</td> </tr> </table>	3627.10																			
3627.10																						
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td></td> </tr> </table>																				

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

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

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5418 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>275.00</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Telephone reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5416 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>2897.63</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5417 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>1750.00</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101

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

**4922.63**

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

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

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

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(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5421 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>279.50</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Travel reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5422 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>2897.64</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Martin		<b>Transaction ID:</b> SB23.5423 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 0 7</div> </div>
Mailing Address 483 Parkview Street		<b>Amount of Each Disbursement this Period</b> <div>1274.85</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**4451.99**

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

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

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

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Nathan Martin</b> Full Name (Last, First, Middle Initial) Mailing Address 483 Parkview Street City Mansfield State OH Zip Code 44903 Purpose of Disbursement Final payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5263</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1545.60 104 Category/ Type
<b>B. Denise-Marie McIntosh</b> Full Name (Last, First, Middle Initial) Mailing Address 35 Edmond Drive City Nashua State NH Zip Code 03063 Purpose of Disbursement Contractor Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5368</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7 Amount of Each Disbursement this Period 750.00 101 Category/ Type
<b>C. Denise-Marie McIntosh</b> Full Name (Last, First, Middle Initial) Mailing Address 35 Edmond Drive City Nashua State NH Zip Code 03063 Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5369</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 146.85 101 Category/ Type

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

2442.45

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



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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Merrimack Restaurant**

Mailing Address 786 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
February rent

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5405

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1800.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Merrimack Restaurant**

Mailing Address 786 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
March rent

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5406

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

1800.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Merrimack Restaurant**

Mailing Address 786 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
April rent

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5287

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1800.00

101  
Category/  
Type

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

5400.00

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

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

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. News Max Media**

Mailing Address 560 Village Boulevard  
Suiet 120

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement

Media - Email

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5535

Date of Disbursement

01 / 04 / 2007

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

## **B. News Max Media**

Mailing Address 560 Village Boulevard  
Suiet 120

City West Palm Beach State FL Zip Code 33409

Purpose of Disbursement

Media - Email Services

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5522

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

## **C. Office Max**

Mailing Address 777 South Willow

City Manchester State NH Zip Code 01303

Purpose of Disbursement

Supplies

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5540

Date of Disbursement

01 / 04 / 2007

Amount of Each Disbursement this Period

306.12

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

25306.12

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Office of the Attorney General - Employer Maintenance**

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement  
Child Support

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☒ President  
State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5431

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Office of the Attorney General - Employer Maintenance**

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement  
Child Support

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☒ President  
State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5433

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. Office of the Attorney General - Employer Maintenance**

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement  
Child Support

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☒ President  
State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5283

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

150.00

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

450.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Ohl		<b>Transaction ID:</b> SB23.5313 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 0 7</div> </div>
Mailing Address 108 South 9th Street		<b>Amount of Each Disbursement this Period</b> <div>425.00</div>
City Manchester State IA Zip Code 52057		
Purpose of Disbursement Contractor		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Omni Hotel Shoreham		<b>Transaction ID:</b> SB23.5556 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 0 7</div> </div>
Mailing Address 2500 Calvert Street NW		<b>Amount of Each Disbursement this Period</b> <div>581.66</div>
City Washington State DC Zip Code 20008		
Purpose of Disbursement Travel - Lodging		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Omni Hotel Shoreham		<b>Transaction ID:</b> SB23.5533 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 7</div> </div>
Mailing Address 2500 Calvert Street NW		<b>Amount of Each Disbursement this Period</b> <div>29.62</div>
City Washington State DC Zip Code 20008		
Purpose of Disbursement Meals		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type

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

**1036.28**

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

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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p>Full Name (Last, First, Middle Initial) <b>A. Public Service of New Hampshire</b></p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5247</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.07"/></p> <p>104 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Public Service of New Hampshire</b></p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Utilities - New Hampshire</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5454</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.12"/></p> <p>101 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Public Service of New Hampshire</b></p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement New Hampshire utilities</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5456</b> Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.51"/></p> <p>101 Category/ Type</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><input type="text" value="153.70"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. REPUBLICAN PARTY OF IOWA**

Mailing Address 621 E. Ninth Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Donation

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5459

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Chris Richter**

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Voter List Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5333

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2007

Amount of Each Disbursement this Period

441.00

Full Name (Last, First, Middle Initial)

## **C. Chris Richter**

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5334

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2007

Amount of Each Disbursement this Period

1636.33

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

7077.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5335

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

**B.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5336

Date of Disbursement

02 / 04 / 2007

Amount of Each Disbursement this Period

382.43

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5337

Date of Disbursement

02 / 04 / 2007

Amount of Each Disbursement this Period

596.90

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

2615.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

**B.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

190.86

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

3463.52

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

**B.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5265

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1636.33

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

4908.99

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5425</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 461.75
<b>B. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5426</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 230.87
<b>C. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5427</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 230.88
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		923.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5428</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 230.88
<b>B. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5429</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 230.87
<b>C. Nikolas Rule</b> Full Name (Last, First, Middle Initial) Mailing Address 201 Trueblood Avenue Box 2068 City Oskaloosa State IA Zip Code 52577 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5273</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 230.88

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

**692.63**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Sash & Ash LLC

Mailing Address 2805 Millwood Ave Suite A

City Columbia State SC Zip Code 29205

Purpose of Disbursement  
February and March rent

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5460

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

3000.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** Sash & Ash LLC

Mailing Address 2805 Millwood Ave Suite A

City Columbia State SC Zip Code 29205

Purpose of Disbursement  
Rent

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5257

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

750.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Evan Sayet

Mailing Address 18375 Ventura Boulevard  
#288

City Tarzana State CA Zip Code 91356

Purpose of Disbursement  
Services rendered

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5285

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

250.00

101  
Category/  
Type

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Carl Segvich

Mailing Address 3110 South Wells

City  
Chicago

State  
IL

Zip Code  
60616

Purpose of Disbursement  
Contractor

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5327

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

480.00

Full Name (Last, First, Middle Initial)

**B.** Carl Segvich

Mailing Address 3110 South Wells

City  
Chicago

State  
IL

Zip Code  
60616

Purpose of Disbursement  
Services rendered

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5281

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Special Guests

Mailing Address 9 S 157 Route 59

City  
Naperville

State  
IL

Zip Code  
60564

Purpose of Disbursement  
Public Relations

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

**Transaction ID:** SB23.5461

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

4750.00

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

5330.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Special Guests**

Mailing Address 9 S 157 Route 59

City  
Naperville

State  
IL

Zip Code  
60564

Purpose of Disbursement  
Public Relations

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5462

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

6100.00

Full Name (Last, First, Middle Initial)

## **B. Special Guests**

Mailing Address 9 S 157 Route 59

City  
Naperville

State  
IL

Zip Code  
60564

Purpose of Disbursement  
Public Relations

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5463

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. Special Guests**

Mailing Address 9 S 157 Route 59

City  
Naperville

State  
IL

Zip Code  
60564

Purpose of Disbursement  
Public Relations

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5290

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

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

11100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Special Guests**

Mailing Address 9 S 157 Route 59

City Naperville State IL Zip Code 60564

Purpose of Disbursement  
Public Relations

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. Spectrum Monthly & Printing**

Mailing Address 95 Eddy Road Suite 101

City Manchester State NH Zip Code 03102

Purpose of Disbursement  
Services - Invoice 57928

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5536

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1234.00

Full Name (Last, First, Middle Initial)

## **C. Barbara Tarallo**

Mailing Address 70 Hubbard Court

City Derry State NH Zip Code 03038

Purpose of Disbursement  
Payroll - replaces #10022

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5308

Date of Disbursement

/   /

Amount of Each Disbursement this Period

661.08

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

4895.08

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Barbara Tarallo

Mailing Address 70 Hubbard Court

City Derry State NH Zip Code 03038

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5309

Date of Disbursement

01 / 15 / 2007

Amount of Each Disbursement this Period

661.48

Full Name (Last, First, Middle Initial)

**B.** Barbara Tarallo

Mailing Address 70 Hubbard Court

City Derry State NH Zip Code 03038

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5310

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

661.47

Full Name (Last, First, Middle Initial)

**C.** Barbara Tarallo

Mailing Address 70 Hubbard Court

City Derry State NH Zip Code 03038

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5311

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

661.47

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

1984.42

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Tarallo		<b>Transaction ID:</b> SB23.5312 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 70 Hubbard Court		<b>Amount of Each Disbursement this Period</b> <div>232.74</div>
City Derry State NH Zip Code 03038		
Purpose of Disbursement Overhead reimbursement	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Target Marketing USA		<b>Transaction ID:</b> SB23.5477 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 0 7</div> </div>
Mailing Address 17748 Sky Park Circle Suite 220		<b>Amount of Each Disbursement this Period</b> <div>1424.00</div>
City Irvine State CA Zip Code 92614		
Purpose of Disbursement Services rendered	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) TCV Media		<b>Transaction ID:</b> SB23.5554 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 7</div> </div>
Mailing Address PO Box 603		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
City Kernersville State NC Zip Code 27285		
Purpose of Disbursement Internet Site	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**2656.74**

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. TCV Media**

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement  
Website

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. TCV Media**

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement  
Website

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5532

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Telegraph Accounting**

Mailing Address

City Nassau State NH Zip Code 03108

Purpose of Disbursement  
Services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5559

Date of Disbursement

/   /

Amount of Each Disbursement this Period

523.80

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

2523.80

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

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

## **B. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising - target mailing

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36000.00

Full Name (Last, First, Middle Initial)

## **C. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising - target mailing

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36000.00

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

75088.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5485

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

## **B. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5487

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

## **C. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5489

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

3088.00

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

9264.00

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

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Furniture Lease

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5490

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

## **B. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5492

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

121.93

Full Name (Last, First, Middle Initial)

## **C. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Reimbursements

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5493

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1321.12

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

2243.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Advertising

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

## **B. True South Communications**

Mailing Address 112 Renaissance Circle

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Contractor

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5280

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

## **C. Union Leader Corporation**

Mailing Address Post Office Box 9555

City Manchester State NH Zip Code 03108

Purpose of Disbursement  
Media

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5548

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1200.00

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

7376.00

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

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

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p>Full Name (Last, First, Middle Initial) <b>A. US Cellular</b></p> <p>Mailing Address PO Box 1</p> <p>City Palatine State IL Zip Code 60623</p> <p>Purpose of Disbursement Cellular telephone</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5496</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.04"/></p>
<p>Full Name (Last, First, Middle Initial) <b>B. US Cellular</b></p> <p>Mailing Address PO Box 1</p> <p>City Palatine State IL Zip Code 60623</p> <p>Purpose of Disbursement Cellular telephone</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5497</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.04"/></p>
<p>Full Name (Last, First, Middle Initial) <b>C. John Utz</b></p> <p>Mailing Address 813 Pesch</p> <p>City Rowan State IA Zip Code 50470</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: SB23.5379</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="461.75"/></p>

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

**553.83**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.5380 <b>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>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	0	7													
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>461.75</td> </tr> </table>	461.75																			
461.75																						
City Rowan State IA Zip Code 50470																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.5381 <b>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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	0	7													
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>311.75</td> </tr> </table>	311.75																			
311.75																						
City Rowan State IA Zip Code 50470																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.5383 <b>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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>311.75</td> </tr> </table>	311.75																			
311.75																						
City Rowan State IA Zip Code 50470																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				

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

1085.25

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.5385 <b>Date of Disbursement</b> <div> <div>03</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>311.75</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.5271 <b>Date of Disbursement</b> <div> <div>03</div> <div>20</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>311.75</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.5243 <b>Date of Disbursement</b> <div> <div>01</div> <div>03</div> <div>2007</div> </div>	
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <div>247.17</div>	
City Worcester	State MA		Zip Code 01654-0001
Purpose of Disbursement New Hampshire telephone service			<div>104</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**870.67**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.5498 <b>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>0</td><td>1</td><td></td> <td>0</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	3		2	0	0	7													
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>247.17</td> </tr> </table>	247.17																			
247.17																						
City Worcester State MA Zip Code 01654-0001																						
Purpose of Disbursement Telephone service - New Hampshire																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.5499 <b>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>0</td><td>1</td><td></td> <td>3</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	7													
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>301.14</td> </tr> </table>	301.14																			
301.14																						
City Worcester State MA Zip Code 01654-0001																						
Purpose of Disbursement Telephone service - New Hampshire																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.5550 <b>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>0</td><td>1</td><td></td> <td>3</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	7													
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>599.96</td> </tr> </table>	599.96																			
599.96																						
City Worcester State MA Zip Code 01654-0001																						
Purpose of Disbursement Telephone Equipment																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				

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

1148.27

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement Telephone service - New Hampshire Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5500</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 125.51
<b>B. Victory Store</b> Full Name (Last, First, Middle Initial) Mailing Address 5200 SW 30th Ave City Davenport State IA Zip Code 52802 Purpose of Disbursement Merchandise Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5542</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 7260.00
<b>C. Victory Store</b> Full Name (Last, First, Middle Initial) Mailing Address 5200 SW 30th Ave City Davenport State IA Zip Code 52802 Purpose of Disbursement Merchandise Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5544</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 1650.00

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

9035.51

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Vonage</b> Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5525</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 563.40 101 Category/ Type
<b>B. Vonage</b> Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5549</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1021.30 101 Category/ Type
<b>C. Mark Vonderohe</b> Full Name (Last, First, Middle Initial) Mailing Address 502 First Street SE #05 City Waukon State IA Zip Code 52172 Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.5400</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 766.50 101 Category/ Type

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

**2351.20**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5401

Date of Disbursement

/   /

Amount of Each Disbursement this Period

383.25

Full Name (Last, First, Middle Initial)

**B.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

**C.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5403

Date of Disbursement

/   /

Amount of Each Disbursement this Period

404.82

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

1192.89

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.5269

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

**B.** Julie West

Mailing Address 27675 270th Street

City Eldora State IA Zip Code 50627

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

104  
Category/  
Type

Transaction ID: SB23.5392

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

424.14

Full Name (Last, First, Middle Initial)

**C.** Julie West

Mailing Address 27675 270th Street

City Eldora State IA Zip Code 50627

Purpose of Disbursement  
Payroll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

104  
Category/  
Type

Transaction ID: SB23.5394

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

424.14

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

1253.10

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 132

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Julie West		<b>Transaction ID:</b> SB23.5395 <b>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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
Mailing Address 27675 270th Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>424.14</td> </tr> </table>	424.14																			
424.14																						
City Eldora State IA Zip Code 50627																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Julie West		<b>Transaction ID:</b> SB23.5397 <b>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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	7													
Mailing Address 27675 270th Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>424.14</td> </tr> </table>	424.14																			
424.14																						
City Eldora State IA Zip Code 50627																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		104 Category/Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Julie West		<b>Transaction ID:</b> SB23.5268 <b>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>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	7													
Mailing Address 27675 270th Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>138.52</td> </tr> </table>	138.52																			
138.52																						
City Eldora State IA Zip Code 50627																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		104 Category/Type																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<table border="1"> <tr> <td>986.80</td> </tr> </table>	986.80																			
986.80																						
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 132

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. WHO 1040 Radio**

Mailing Address 2141 Grand Avenue

City Des Moines State IA Zip Code 50312

Purpose of Disbursement  
Media

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8000.00

## **B. WLFJ**

Mailing Address

City Greenville State SC Zip Code

Purpose of Disbursement  
Media

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5515

Date of Disbursement

/   /

Amount of Each Disbursement this Period

720.00

## **C. WMUU, Inc.**

Mailing Address 920 Wade Hampton Boulevard

City Greenville State SC Zip Code 29609

Purpose of Disbursement  
Media

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5513

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1284.00

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

10004.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 132

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

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

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** WORD AM

Mailing Address

City  
Spartanburg

State  
SC

Zip Code

Purpose of Disbursement  
Media

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.5517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3470.00

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

3470.00

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

331012.67

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 106 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 3Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 107 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 6Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4D D  
1 9Y Y Y Y  
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 109 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
0 4Y Y Y Y  
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 110 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
1 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 111 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
1 1Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 112 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
2 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

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



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 113 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
1 4Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 114 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 115 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
1 4Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

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

JOHN H COX, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
1 3Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 119 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

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

JOHN H COX, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 120 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
1 2Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M M D D Y Y Y Y  
1 0 2 6 2 0 0 6

Date Due

12/31/08

Interest Rate

5.1 % (apr)

Secured:

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
0 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
3 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

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

JOHN H COX, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
0 6Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 125 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

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

JOHN H COX, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
2 2Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 126 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
0 9Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
1 6Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 128 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
2 9Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 6Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
1 2Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 131 / 132

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 1Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

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

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME 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:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
1 4Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

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

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

745000.00

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