

# 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> COX 2008 COMMITTEE INC		<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                      Monthly Report Due On:

July 15 Quarterly Report                       February 20                       June 20                       October 20

October 15 Quarterly Report                       March 20                       July 20                       November 20

January 31 Year End Report                       April 20                       August 20                       December 20

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 01/01/2007	THROUGH 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 05/17/2007
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	Toll Free 800-424-9530 Local 202-694-1100	<b>FEC FORM 3P</b> (01/2001)
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**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>COX 2008 COMMITTEE INC</b>		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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<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> 3330 DUNDEE RD SUITE S3		
<b>CITY, STATE, and ZIP CODE</b> NORTHBROOK IL 60062		

### 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 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 75 Trinity Street 3C		Amount of Each Receipt this Period 20.00
City State Zip Code Newton NJ 07860	FEC ID number of contributing federal political committee.	
Name of Employer State Shuttle, Inc.	Occupation Airport Shuttle Driver	Transaction ID: SA17A.5072
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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 type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		<b>Transaction ID:</b> SA17A.5147
FEC ID number of contributing federal political committee.		
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		<b>Transaction ID:</b> SA17A.5090
FEC ID number of contributing federal political committee.		
Name of Employer Retired	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>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		<b>Transaction ID:</b> SA17A.5149
FEC ID number of contributing federal political committee.		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<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 6 / 132
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**COX 2008 COMMITTEE INC**

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Blythe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 8309 Cadenza Lane City State Zip Code Dallas TX 85228		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Retired	Election Cycle-to-Date ▼ 50.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SA17A.5223</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Vivian Bockus		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 302 West Leota #208A City State Zip Code North Platte NV 69101		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Retired	Election Cycle-to-Date ▼ 10.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SA17A.5214</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert Boyer		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2224 White Road City State Zip Code Grove City OH 43123		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Retired	Election Cycle-to-Date ▼ 50.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SA17A.5032</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<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 7 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 5508 Oliver Avenue South		Amount of Each Receipt this Period 30.00
City Minneapolis	State MN	
Zip Code 55419		Transaction ID: SA17A.5151
FEC ID number of contributing federal political committee.		
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Charlene Brown		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 20112 Raven Drive		Amount of Each Receipt this Period 25.00
City Eagle River	State AK	
Zip Code 99577		Transaction ID: SA17A.5211
FEC ID number of contributing federal political committee.		
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ralph Brown		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 7509 Flagstone Street		Amount of Each Receipt this Period 50.00
City Fort Worth	State TX	
Zip Code 76118		Transaction ID: SA17A.5034
FEC ID number of contributing federal political committee.		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<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 8 / 132
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address 10049 Casazza Ranch Lane		Amount of Each Receipt this Period 3.00
City State Zip Code Reno NV 89511	FEC ID number of contributing federal political committee.	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Student Election Cycle-to-Date ▼ 3.00	<b>Transaction ID:</b> SA17A.5205

<b>B.</b> Full Name (Last, First, Middle Initial) Dale Canady		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2007
Mailing Address 3931 West Lane Avenue		Amount of Each Receipt this Period 25.00
City State Zip Code Phoenix AZ 85051	FEC ID number of contributing federal political committee.	
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:</b> SA17A.5076

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William Cathey		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007
Mailing Address 3801 Joe Chandler Road		Amount of Each Receipt this Period 25.00
City State Zip Code Gainesville GA 30507	FEC ID number of contributing federal political committee.	
Name of Employer Lanier Technical College Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Technical Election Cycle-to-Date ▼ 25.00	<b>Transaction ID:</b> SA17A.5190

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.00
<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 9 / 132
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 5430 Davis Cup Court		Amount of Each Receipt this Period 25.00
City El Paso	State TX	
Zip Code 79932		<b>Transaction ID:</b> SA17A.5145
FEC ID number of contributing federal political committee.		
Name of Employer Sun Travel	Occupation 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>B.</b> Full Name (Last, First, Middle Initial) James Cooper		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 9002 Oak Vista		Amount of Each Receipt this Period 20.00
City Orange	State TX	
Zip Code 77630		<b>Transaction ID:</b> SA17A.5098
FEC ID number of contributing federal political committee.		
Name of Employer Firestone Polymers	Occupation 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>C.</b> Full Name (Last, First, Middle Initial) Alvin Cordes, Rev.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 8604 Stella Avenue		Amount of Each Receipt this Period 10.00
City St. Louis	State MO	
Zip Code 63134		<b>Transaction ID:</b> SA17A.5078
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.00
<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 10 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) George Cox		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 6690 Maple Ridge Lane		Amount of Each Receipt this Period 25.00
City State Zip Code Blanchard OK 73010	FEC ID number of contributing federal political committee.	
Name of Employer Self Employed	Occupation Farmer	<b>Transaction ID:</b> SA17A.5039
Receipt For: <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) Jennifer Davidson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 30 Impala Way		Amount of Each Receipt this Period 25.00
City State Zip Code San Antonio TX 78258	FEC ID number of contributing federal political committee.	
Name of Employer PJ Madison's Ice Cream	Occupation Business Owner	<b>Transaction ID:</b> SA17A.5153
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jonathon Dunaway		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 272 Old Orchard Road		Amount of Each Receipt this Period 10.00
City State Zip Code Deatsville AL 36022	FEC ID number of contributing federal political committee.	
Name of Employer CSC	Occupation Technical Manager	<b>Transaction ID:</b> SA17A.5100
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<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 11 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 6221 Parkhill Drive		Amount of Each Receipt this Period 50.00
City Alexandria	State VA	
Zip Code 22312		Transaction ID: SA17A.5062
FEC ID number of contributing federal political committee.		
Name of Employer Kevin Dwyer, Inc.	Occupation Self	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Egan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address Post Office Box 1392		Amount of Each Receipt this Period 25.00
City Lexington	State SC	
Zip Code 29071		Transaction ID: SA17A.5155
FEC ID number of contributing federal political committee.		
Name of Employer Carolina Retail Packaging	Occupation Vice President - Sales	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ed Faddoul		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 3 Second Avenue NW		Amount of Each Receipt this Period 50.00
City Waukon	State IA	
Zip Code 52172		Transaction ID: SA17A.5102
FEC ID number of contributing federal political committee.		
Name of Employer Potential Entrepreneur	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 12 / 132
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Andrew Finestine</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 6324 Midfield Drive		Amount of Each Receipt this Period 25.00	
City Fort Wayne	State IN	Zip Code 46815	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5104	
Name of Employer North Side Plumbing and Heatin	Occupation Plumber		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00		

Full Name (Last, First, Middle Initial) <b>B. Philip Fischella</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 27252 Brio Circle		Amount of Each Receipt this Period 50.00	
City Mission Viejo	State CA	Zip Code 92692	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5106	
Name of Employer Atwood-Prior	Occupation Sales		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00		

Full Name (Last, First, Middle Initial) <b>C. Herbst Fritz</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 4305 Boggy Creek Road		Amount of Each Receipt this Period 50.00	
City Brenham	State TX	Zip Code 77833	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5195	
Name of Employer Veritas DGC	Occupation IT Management		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 225 Brower Road		Amount of Each Receipt this Period 25.00	
City State Zip Code Rochester NY 14622	FEC ID number of contributing federal political committee.		
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		
		<b>Transaction ID:</b> SA17A.5157	

<b>B.</b> Full Name (Last, First, Middle Initial) George Gardner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 500 Glendale Street Post Office Box 38		Amount of Each Receipt this Period 100.00	
City State Zip Code Carlisle PA 17013	FEC ID number of contributing federal political committee.		
Name of Employer Retired	Occupation		
Receipt For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		
		<b>Transaction ID:</b> SA17A.5064	

<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence Gilley		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address 3562 Southampton Drive		Amount of Each Receipt this Period 10.00	
City State Zip Code Jeffersonton VA 22724	FEC ID number of contributing federal political committee.		
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		
		<b>Transaction ID:</b> SA17A.5057	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<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 14 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt																				
Mailing Address 3700 Indian Springs Trail		<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>9</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	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	9		2	0	0	7													
City State Zip Code Arlington TX 76016		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		175.00																				
Name of Employer Occupation Citigroup Financial Advisor																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 175.00																				
		<b>Transaction ID:</b> SA17A.5159																				

<b>B.</b> Full Name (Last, First, Middle Initial) Evelyn Greer		Date of Receipt																				
Mailing Address Post Office Box 414		<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>0</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		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	5		2	0	0	7													
City State Zip Code Greenville NY 12083		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		25.00																				
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 ▼ 25.00																				
		<b>Transaction ID:</b> SA17A.5216																				

<b>C.</b> Full Name (Last, First, Middle Initial) Denise Hampton		Date of Receipt																				
Mailing Address 321 South Thornwood Drive		<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>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	1		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	7													
City State Zip Code Lindenhurst IL 60046		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		10.00																				
Name of Employer Occupation Zebra Technologies Marketing																						
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.5108																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<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 15 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. James Harpe</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 2747 S 200 W		Amount of Each Receipt this Period 5.00
City Tipton	State IN	
Zip Code 46072		Transaction ID: SA17A.5110
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 ▼ 5.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jesse Hazelet</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address CMR 415 Box 4593		Amount of Each Receipt this Period 20.00
City APO, AE	State NY	
Zip Code 09114		Transaction ID: SA17A.5186
FEC ID number of contributing federal political committee.		
Name of Employer Department of Army	Occupation Department of Army Civilian	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) <b>C. Wade Hill</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 344 Dave England Road		Amount of Each Receipt this Period 20.00
City Sparta	State TN	
Zip Code 38583		Transaction ID: SA17A.5051
FEC ID number of contributing federal political committee.		
Name of Employer Dell, Inc.	Occupation Sr. Production 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Wally Hogland</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 7
Mailing Address 8606 Columbia Drive		Amount of Each Receipt this Period 10.00
City Rowlett	State TX	
Zip Code 75809		Transaction ID: SA17A.5172
FEC ID number of contributing federal political committee.		
Name of Employer Hogland Enterprises	Occupation Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) <b>B. Loretta Horvath</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 6 Tyler Lane		Amount of Each Receipt this Period 50.00
City Bluffton	State SC	
Zip Code 29909		Transaction ID: SA17A.5218
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 ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. James Hunt, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7 Sole Street		Amount of Each Receipt this Period 50.00
City Falmouth	State ME	
Zip Code 04105		Transaction ID: SA17A.5188
FEC ID number of contributing federal political committee.		
Name of Employer Dirigo Telecommunications	Occupation President and 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<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 17 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. William Hunter</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 7090 Dushanbe Place City State Zip Code Dulles VA 20189		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee.		
Name of Employer U.S. Department of State Occupation Information Management		Transaction ID: SA17A.5112
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		

Full Name (Last, First, Middle Initial) <b>B. David James</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 1713 Weatherswood Drive NW City State Zip Code Gig Harbor WA 98335		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee.		
Name of Employer Retired Occupation		Transaction ID: SA17A.5114
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Stacey Keating</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 4015 Cold Spring Road City State Zip Code Williamsburg VA 23188		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee.		
Name of Employer Occupation Homemaker/Mother		Transaction ID: SA17A.5116
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<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 18 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt																				
Mailing Address 1201 Garth Circle		<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>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		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	5		2	0	0	7													
City State Zip Code Huntsville AL 35801		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		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																				
		<b>Transaction ID:</b> SA17A.5055																				

<b>B.</b> Full Name (Last, First, Middle Initial) Mary Knobeloch		Date of Receipt																				
Mailing Address 3647 South 1610 W		<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>9</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	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	9		2	0	0	7													
City State Zip Code St. George UT 84790		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		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																				
		<b>Transaction ID:</b> SA17A.5163																				

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Krause		Date of Receipt																				
Mailing Address 789 Ayers Street		<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>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	1		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	7													
City State Zip Code Bollingbrook IL 60440		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		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																				
		<b>Transaction ID:</b> SA17A.5118																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 19 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Virginia Landis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address 2716 N.E. 147th Street		Amount of Each Receipt this Period 8.00	
City Seattle	State WA	Zip Code 98155	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5209	
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 ▼ 8.00		

B. Full Name (Last, First, Middle Initial) Dwight Lorenz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 14223 North Tumblebrook Way		Amount of Each Receipt this Period 20.00	
City Sun City	State AZ	Zip Code 85351	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5093	
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 ▼ 40.00		

C. Full Name (Last, First, Middle Initial) Austin Lowrie		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address Post Office Box 51386		Amount of Each Receipt this Period 10.00	
City Denton	State TX	Zip Code 51386	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.5182	
Name of Employer Lowrie Transportation, In- c.	Occupation President/Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	38.00
<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 20 / 132
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 3075 Promenade		Amount of Each Receipt this Period 100.00
City Costa Mesa	State Zip Code CA 92626	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5164
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Malisewski		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 11822 Rue Saint Lazare Court		Amount of Each Receipt this Period 25.00
City Tomball	State Zip Code TX 77377	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5058
Name of Employer	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jonathon March		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 47 Lightfoot Road		Amount of Each Receipt this Period 25.00
City Brownville	State Zip Code TN 38012	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5122
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<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 21 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) 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		Amount of Each Receipt this Period 15.00
City Arvada	State Zip Code CO 80003	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5227
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	

<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		Amount of Each Receipt this Period 25.00
City Whittier	State Zip Code CA 90605	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5124
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>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		Amount of Each Receipt this Period 25.00
City Mitchell	State Zip Code SD 57301	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5096
Name of Employer DADS Construction	Occupation Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	65.00

# 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 type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 612 Thorn Hollow Drive		Amount of Each Receipt this Period 25.00
City Coraopolis	State Zip Code PA 15108	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5166
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>B.</b> Full Name (Last, First, Middle Initial) Duane Mohr		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 12824 SE 91st Terrace Road		Amount of Each Receipt this Period 25.00
City Summerfield	State Zip Code FL 34491	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5060
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>C.</b> Full Name (Last, First, Middle Initial) Dr. Lonnie Nedved		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 1200 South Burr		Amount of Each Receipt this Period 100.00
City Mitchell	State Zip Code SD 57301	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5128
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<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 23 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Mr. Earl Noar		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 6067 Central Avenue		Amount of Each Receipt this Period 100.00
City State Zip Code Anacortes WA 98211	FEC ID number of contributing federal political committee.	
Name of Employer Self Employed	Occupation Land Developer	<b>Transaction ID:</b> SA17A.5050
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Edwin Oxner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 13106 Onion Creek Drive		Amount of Each Receipt this Period 25.00
City State Zip Code Manchaca TX 78652	FEC ID number of contributing federal political committee.	
Name of Employer Retired	Occupation	<b>Transaction ID:</b> SA17A.5080
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David Poisel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7
Mailing Address 3840 Frankford Road Apartment 2005		Amount of Each Receipt this Period 20.00
City State Zip Code Dallas TX 75287	FEC ID number of contributing federal political committee.	
Name of Employer	Occupation Unknown	<b>Transaction ID:</b> SA17A.5207
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<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 24 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Patricia Priore		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 7132 Fernbank Avenue		Amount of Each Receipt this Period 25.00
City Cincinnati	State OH	
Zip Code 45233		<b>Transaction ID:</b> SA17A.5066
FEC ID number of contributing federal political committee.		
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ruth Rathbun		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 33 Sunset Avenue		Amount of Each Receipt this Period 10.00
City Putnam	State CT	
Zip Code 06260		<b>Transaction ID:</b> SA17A.5178
FEC ID number of contributing federal political committee.		
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Ressel, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 175 Ward Road		Amount of Each Receipt this Period 50.00
City Martinsville	State VA	
Zip Code 24112		<b>Transaction ID:</b> SA17A.5082
FEC ID number of contributing federal political committee.		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 25 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Ronald Romer, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 435 Park Charles Boulevard		Amount of Each Receipt this Period 50.00
City St. Peters	State Zip Code MO 63376	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5068
Name of Employer St. Louis Community College	Occupation Manager Business Section	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Romeyn		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 2600 Meadowridge SW		Amount of Each Receipt this Period 25.00
City Byron Center	State Zip Code MI 49315	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5130
Name of Employer DTE Energy	Occupation UFCW Local 132 Treasurer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Arnold Rosenthal		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address Post Office Box 5482		Amount of Each Receipt this Period 10.00
City Carefree	State Zip Code AZ 85277	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5084
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 26 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Gene Rushing, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 9707 Fonville Drive		Amount of Each Receipt this Period 25.00
City Houston	State TX	
Zip Code 77075		<b>Transaction ID:</b> SA17A.5132
FEC ID number of contributing federal political committee.		
Name of Employer A.G. Rushing Distributing, LLC	Occupation Small Business 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>B.</b> Full Name (Last, First, Middle Initial) Fred Sangster		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 4015 124th Street		Amount of Each Receipt this Period 25.00
City Urbandale	State IA	
Zip Code 50323		<b>Transaction ID:</b> SA17A.5134
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 ▼ 25.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Schwenkler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 1710 West Church Street		Amount of Each Receipt this Period 50.00
City Elmira	State NY	
Zip Code 14905		<b>Transaction ID:</b> SA17A.5225
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation Not provided	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<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 27 / 132
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**COX 2008 COMMITTEE INC**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 28 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Mark Stefan		Date of Receipt																				
Mailing Address 13414 Southern Way		<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>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	1		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	7													
City State Zip Code Windemere FL 34786		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		25.00																				
Name of Employer Occupation CIT SBL 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>Transaction ID:</b> SA17A.5136																				

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Stewart		Date of Receipt																				
Mailing Address 1199 West Linda Lane		<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>	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													
City State Zip Code Chandler AZ 85224		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		5.00																				
Name of Employer Occupation Dynamic Energy 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>Transaction ID:</b> SA17A.5086																				

<b>C.</b> Full Name (Last, First, Middle Initial) Albert Strong		Date of Receipt																				
Mailing Address 9647 Wenzel Street		<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>	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													
City State Zip Code Fairfax VA 22032		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		25.00																				
Name of Employer Occupation TekSystems 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																				
		<b>Transaction ID:</b> SA17A.5088																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.00
<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 29 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) John Sullivan		Date of Receipt																				
Mailing Address 22 Charles River Square		<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>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		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	3		2	0	0	7													
City State Zip Code Boston MA 02114		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		50.00																				
Name of Employer Occupation Sullivan Risk Management 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.		Date of Receipt																				
Mailing Address 1311 North Montgomery Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</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	1		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	7													
City State Zip Code Sheffield AL 35660		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		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.5138																				

<b>C.</b> Full Name (Last, First, Middle Initial) Raymond Thomas		Date of Receipt																				
Mailing Address 6562 Lakeview Drive		<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													
City State Zip Code Gloucester VA 23061		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		25.00																				
Name of Employer Occupation Thomas & Sons Plumbing, LLC 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																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<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 30 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) 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:</b> SA17A.5140

<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 Retired	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.5070

<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 Retired	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.5220

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<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 31 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Richard Wojcik		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 3025 Edward Street		Amount of Each Receipt this Period 50.00
City Maplewood	State Zip Code MN 55109	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5094
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Melanie Wooten		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 2202 8th Avenue E-1		Amount of Each Receipt this Period 2.00
City University Park	State Zip Code IA 52595	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5180
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 ▼ 2.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Zink		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 5105 Halifax Way		Amount of Each Receipt this Period 10.00
City Mt. Laurel	State Zip Code NJ 08054	
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA17A.5184
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2668.00

# SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 132
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State IL	
Zip Code 60611		Personal Check No. 3753
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	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	

Full Name (Last, First, Middle Initial) <b>B. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 40000.00
City CHICAGO	State IL	
Zip Code 60611		Transfer from personal account
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	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	

Full Name (Last, First, Middle Initial) <b>C. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State IL	
Zip Code 60611		Transfer from personal funds
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140000.00
<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 33 / 132
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 20000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Transfer from personal funds
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 ▼ 615000.00	
Transaction ID: SA19A.5200		

Full Name (Last, First, Middle Initial) <b>B. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 30000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		Transfer from personal funds
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 ▼ 645000.00	
Transaction ID: SA19A.5201		

Full Name (Last, First, Middle Initial) <b>C. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00
City CHICAGO	State Zip Code IL 60611	
FEC ID number of contributing federal political committee.		JHC personal check #3795
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 ▼ 695000.00	
Transaction ID: SA19A.5202		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100000.00
<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 34 / 132
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. JOHN H COX</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 50000.00	
City CHICAGO	State IL	Zip Code 60611	Transfer from personal funds
FEC ID number of contributing federal political committee.		[Empty Field]	
Name of Employer	Occupation		Transaction ID: SA19A.5203
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ [Empty Field] 745000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50000.00
<b>TOTAL</b> 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)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) ADP		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 1 ADP Boulevard		Amount of Each Receipt this Period 81.00	
City Roseland	State NJ	Zip Code 07068	Reimbursement of Payroll Taxes
FEC ID number of contributing federal political committee.		Transaction ID: SA20A.5371	
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 ▼ 221.40		

<b>B.</b> Full Name (Last, First, Middle Initial) Micheal Burton		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 5 / 2 0 0 7	
Mailing Address 1031 Runnymede Lane		Amount of Each Receipt this Period 396.94	
City North Charleston	State SC	Zip Code 29407	Reversal of lost check
FEC ID number of contributing federal political committee.		Transaction ID: SA20A.5572	
Name of Employer Cox 2008	Occupation Political Consultant Election Cycle-to-Date ▼ 396.94		

<b>C.</b> Full Name (Last, First, Middle Initial) Steve Huff		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 5 / 2 0 0 7	
Mailing Address 1219 North 3 Dr		Amount of Each Receipt this Period 770.04	
City Manchester	State IA	Zip Code 52056	Reversal of direct deposit not processed
FEC ID number of contributing federal political committee.		Transaction ID: SA20A.5564	
Name of Employer Cox 2008 Committee	Occupation Political Consultant Election Cycle-to-Date ▼ 770.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1247.98
<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 36 / 132
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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) Mitchell County Central Committee		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address 133 Vine Street		Amount of Each Receipt this Period 500.00
City Osage	State IA	
Zip Code 50461		Reversal of outstanding check
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	<b>Transaction ID:</b> SA20A.5567
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Polk County GOP		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address 1475 NW 92nd		Amount of Each Receipt this Period 250.00
City Clive	State IA	
Zip Code 50325		Reversal of outstanding check
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	<b>Transaction ID:</b> SA20A.5566
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF IOWA		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address 621 E. Ninth Street		Amount of Each Receipt this Period 250.00
City Des Moines	State IA	
Zip Code 50309		Reversal of check not cashed
FEC ID number of contributing federal political committee. C00014498		
Name of Employer	Occupation	<b>Transaction ID:</b> SA20A.5571
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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 State Zip Code  
Derry NH 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 ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2007

Amount of Each Receipt this Period  
661.47

Reversal of lost check

Transaction ID: SA20A.5570

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	661.47
<b>TOTAL</b> 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)

<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) <b>A. Steve Abbott</b>		<b>Transaction ID: SB23.5242</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 458.48
City Manchester State NH Zip Code 03104	104 Category/ Type	
Purpose of Disbursement Petty Cash 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve Abbott</b>		<b>Transaction ID: SB23.5465</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1653.48
City Manchester State NH Zip Code 03104	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steve Abbott</b>		<b>Transaction ID: SB23.5466</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1653.48
City Manchester State NH Zip Code 03104	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3765.44</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Steve Abbott</b>		<b>Transaction ID: SB23.5467</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period 1653.48
City Manchester State NH Zip Code 03104	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID: SB23.5293</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 125.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		<b>Transaction ID: SB23.5294</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 84.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1862.98
<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)

<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><b>A. ADP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 ADP Boulevard</p> <p>City Roseland State NJ Zip Code 07068</p> <p>Purpose of Disbursement Payroll taxes</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>Transaction ID: SB23.5441</p> <p>Date of Disbursement</p> <p>01 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>4154.57</p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
--	--	--

<p><b>B. ADP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 ADP Boulevard</p> <p>City Roseland State NJ Zip Code 07068</p> <p>Purpose of Disbursement Payroll taxes</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>Transaction ID: SB23.5443</p> <p>Date of Disbursement</p> <p>01 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>4480.66</p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
--	--	--

<p><b>C. ADP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 ADP Boulevard</p> <p>City Roseland State NJ Zip Code 07068</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 State: District: 02</p>		<p>Transaction ID: SB23.5295</p> <p>Date of Disbursement</p> <p>01 / 19 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>73.50</p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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**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)

<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) <b>A. ADP</b>		<b>Transaction ID:</b> SB23.5296 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 128.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> SB23.5297 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 73.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		<b>Transaction ID:</b> SB23.5444 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 6700.18
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6901.68
<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)

<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) <b>A. ADP</b>		Transaction ID: SB23.5299 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 88.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Transaction ID: SB23.5300 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 70.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Transaction ID: SB23.5445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 3822.28
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3980.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		<b>Transaction ID:</b> SB23.5301 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 53.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> SB23.5302 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 74.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		<b>Transaction ID:</b> SB23.5446 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 3582.56
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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)

<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) <b>A. ADP</b>		<b>Transaction ID:</b> SB23.5289 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 72.50
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		<b>Transaction ID:</b> SB23.5258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 53.00
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		<b>Transaction ID:</b> SB23.5279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 3051.74
City Roseland State NJ Zip Code 07068	101 Category/ Type	
Purpose of Disbursement Payroll Taxes		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3177.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Julianne Anderson</b>		<b>Transaction ID: SB23.5387</b> Date of Disbursement 01 / 15 / 2007
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.09
City Des Moines State IA Zip Code 50311	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Julianne Anderson</b>		<b>Transaction ID: SB23.5391</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.10
City Des Moines State IA Zip Code 50311	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Julianne Anderson</b>		<b>Transaction ID: SB23.5388</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.09
City Des Moines State IA Zip Code 50311	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1818.28
<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)

<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) <b>A. Julianne Anderson</b>		<b>Transaction ID: SB23.5389</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.10
City Des Moines State IA Zip Code 50311	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Julianne Anderson</b>		<b>Transaction ID: SB23.5386</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.09
City Des Moines State IA Zip Code 50311	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Julianne Anderson</b>		<b>Transaction ID: SB23.5277</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 2328 University Avenue #303		Amount of Each Disbursement this Period 606.10
City Des Moines State IA Zip Code 50311	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1818.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Patrick Anderson</b>		<b>Transaction ID: SB23.5436</b> Date of Disbursement 01 / 15 / 2007
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1364.57
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick Anderson</b>		<b>Transaction ID: SB23.5437</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1364.56
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick Anderson</b>		<b>Transaction ID: SB23.5438</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1364.56
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4093.69</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Patrick Anderson</b>		<b>Transaction ID: SB23.5439</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1364.56
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick Anderson</b>		<b>Transaction ID: SB23.5440</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 138.62
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick Anderson</b>		<b>Transaction ID: SB23.5276</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period 1364.56
City Hubbard State IA Zip Code 50122	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2867.74
<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)

<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) <b>A. Bob Andrews</b>		<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
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 500.00
City Stone Mountain State GA Zip Code 30087	101 Category/ Type	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Bob Andrews</b>		<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
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period 500.00
City Stone Mountain State GA Zip Code 30087	101 Category/ Type	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Angel Pictures, LLC - Tricia Erickson</b>		<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
Mailing Address 6523 Hitt Avenue		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	101 Category/ Type	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

<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) <b>A. Buffalo Grove Post Office</b>		<b>Transaction ID:</b> SB23.5325 Date of Disbursement
Mailing Address 255 North Buffalo Grove Road		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Buffalo Grove	State IL	Zip Code 60089
Purpose of Disbursement Postage	<input type="text" value="103"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="252.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Buffalo Grove Post Office</b>		<b>Transaction ID:</b> SB23.5450 Date of Disbursement
Mailing Address 255 North Buffalo Grove Road		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <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"/>
City Buffalo Grove	State IL	Zip Code 60089
Purpose of Disbursement Business Reply Mail permit renewal	<input type="text" value="104"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="160.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Micheal Burton</b>		<b>Transaction ID:</b> SB23.5407 Date of Disbursement
Mailing Address 1031 Runnymede Lane		<input type="text" value="0"/> <input type="text" value="1"/> / <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"/>
City North Charleston	State SC	Zip Code 29407
Purpose of Disbursement Replaces #1192 - October 2006	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="396.94"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="808.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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) <b>A. Micheal Burton</b>		Transaction ID: SB23.5409 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 1031 Runnymede Lane		Amount of Each Disbursement this Period 673.98	
City North Charleston State SC Zip Code 29407	Purpose of Disbursement Reimbursement	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Transaction ID: SB23.5246 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 825 West Euclid		Amount of Each Disbursement this Period 49.50	
City Palatine State IL Zip Code 60067	Purpose of Disbursement New Checks	104 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Chase Bank</b>		Transaction ID: SB23.5541 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 825 West Euclid		Amount of Each Disbursement this Period 35.00	
City Palatine State IL Zip Code 60067	Purpose of Disbursement Bank fees	101 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</b> of Disbursements This Page (optional) ..... ▶	758.48
<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)

<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) <b>A. Chase Bank</b>		Transaction ID: SB23.5555 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	7		2	0	7															
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank fees		101	35.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Transaction ID: SB23.5503 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	6		2	0	7															
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire Fee		101	20.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Full Name (Last, First, Middle Initial) <b>C. Chase Bank</b>		Transaction ID: SB23.5524 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	7		2	0	7															
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fees		101	39.00																				
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	94.00
<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)

<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) <b>A. Chase Bank</b>		Transaction ID: SB23.5504 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</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	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	9		2	0	0	7														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Wire fee		<table border="1"> <tr> <td>101</td> </tr> </table>		101																			
101																							
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Amount of Each Disbursement this Period  
20.00

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Transaction ID: SB23.5505 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</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		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	2		2	0	0	7														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Wire Fee		<table border="1"> <tr> <td>101</td> </tr> </table>		101																			
101																							
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Amount of Each Disbursement this Period  
20.00

Full Name (Last, First, Middle Initial) <b>C. Chase Bank</b>		Transaction ID: SB23.5307 Date of Disbursement																					
Mailing Address 825 West Euclid		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</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		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	0	7														
City Palatine	State IL	Zip Code 60067																					
Purpose of Disbursement Bank fees		<table border="1"> <tr> <td>101</td> </tr> </table>		101																			
101																							
Candidate Name COX 2008 COMMITTEE INC		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District: 02																							

Amount of Each Disbursement this Period  
96.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	136.00
<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)

<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) <b>A. Chase Bank</b>		<b>Transaction ID:</b> SB23.5291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 825 West Euclid		Amount of Each Disbursement this Period 20.00
City Palatine State IL Zip Code 60067	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Clear Channel Radio</b>		<b>Transaction ID:</b> SB23.5344 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 1113 Nebraska Street		Amount of Each Disbursement this Period 1275.00
City Sioux City State IA Zip Code 51105	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jim Coburn</b>		<b>Transaction ID:</b> SB23.5376 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 788 Elm Street		Amount of Each Disbursement this Period 600.00
City Manchester State NH Zip Code 03108	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1895.00
<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)

<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) <b>A. Colby Trust</b>		<b>Transaction ID: SB23.5328</b>	
Mailing Address 6581 University Avenue		Date of Disbursement 01 / 26 / 2007	
City Des Moines	State IA	Zip Code 50311	Amount of Each Disbursement this Period 1176.82
Purpose of Disbursement February rent		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) <b>B. Colby Trust</b>		<b>Transaction ID: SB23.5329</b>	
Mailing Address 6581 University Avenue		Date of Disbursement 02 / 28 / 2007	
City Des Moines	State IA	Zip Code 50311	Amount of Each Disbursement this Period 1176.82
Purpose of Disbursement March rent		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) <b>C. Colby Trust</b>		<b>Transaction ID: SB23.5260</b>	
Mailing Address 6581 University Avenue		Date of Disbursement 03 / 30 / 2007	
City Des Moines	State IA	Zip Code 50311	Amount of Each Disbursement this Period 232.93
Purpose of Disbursement Utility Reimbursement		101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2586.57</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)

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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) <b>A. Colby Trust</b>		<b>Transaction ID:</b> SB23.5262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 6581 University Avenue		Amount of Each Disbursement this Period 1176.82
City Des Moines State IA Zip Code 50311	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Color Craft Printing</b>		<b>Transaction ID:</b> SB23.5346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 7621 Baltimore Annapolis Blvd		Amount of Each Disbursement this Period 714.88
City Glen Burnie State MD Zip Code 21060	103 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Complete Campaigns.com</b>		<b>Transaction ID:</b> SB23.5347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 42.50
City San Diego State CA Zip Code 92102	101 Category/ Type	
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>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)

<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) <b>A. Constantine Financial Services, Inc.</b>		<b>Transaction ID: SB23.5348</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 2400 EarlsGate Ct		Amount of Each Disbursement this Period 1700.00
City Reston State VA Zip Code 20191	101 Category/ Type	
Purpose of Disbursement Financial 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Constantine Financial Services, Inc.</b>		<b>Transaction ID: SB23.5349</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 2400 EarlsGate Ct		Amount of Each Disbursement this Period 2750.00
City Reston State VA Zip Code 20191	101 Category/ Type	
Purpose of Disbursement Financial 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Edward Cousar</b>		<b>Transaction ID: SB23.5373</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period 449.45
City Catawba State SC Zip Code 29704	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4899.45
<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)

<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) <b>A. Edward Cousar</b>		<b>Transaction ID: SB23.5374</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period 125.13
City Catawba State SC Zip Code 29704	101 Category/ Type	
Purpose of Disbursement Mileage 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dell Computers</b>		<b>Transaction ID: SB23.5546</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1804 Green Oaks Road		Amount of Each Disbursement this Period 3689.26
City Fort Worth State TX Zip Code 76116	101 Category/ Type	
Purpose of Disbursement Computer 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dionysus Consulting</b>		<b>Transaction ID: SB23.5372</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 21 Oakland Avenue 1st Floor		Amount of Each Disbursement this Period 10000.00
City Bay Shore State NY Zip Code 11706	101 Category/ Type	
Purpose of Disbursement Consulting		
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</b> of Disbursements This Page (optional) ..... ▶	<b>13814.39</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Edonation 228 S Washington St</b>		<b>Transaction ID: SB23.5557</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 228 South Washington Street		Amount of Each Disbursement this Period 2550.00
City Alexandria State VA Zip Code 22314	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID: SB23.5545</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 486.99
City Nashville State TN Zip Code 39240	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: SB23.5520</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 36.78
City Nashville State TN Zip Code 39240	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3073.77</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)

<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) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB23.5521 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 12.33
City Nashville State TN Zip Code 39240	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID:</b> SB23.5551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period 398.09
City Nashville State TN Zip Code 39240	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brigitta Hebdon</b>		<b>Transaction ID:</b> SB23.5320 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 161 Glenbrook Drive		Amount of Each Disbursement this Period 429.78
City Glenwood State IA Zip Code 51534	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	840.20
<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)

<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) <b>A. Brigitta Hebdon</b>		<b>Transaction ID: SB23.5322</b> Date of Disbursement MM / DD / YYYY 02 / 15 / 2007	
Mailing Address 161 Glenbrook Drive		Amount of Each Disbursement this Period 429.76	
City Glenwood	State IA		Zip Code 51534
Purpose of Disbursement Payroll			101 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) <b>B. Danette Hein-Snider</b>		<b>Transaction ID: SB23.5360</b> Date of Disbursement MM / DD / YYYY 01 / 15 / 2007	
Mailing Address 16822 State Orchard Road		Amount of Each Disbursement this Period 776.28	
City Council Bluffs	State IA		Zip Code 51503
Purpose of Disbursement Payroll			104 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

Full Name (Last, First, Middle Initial) <b>C. Danette Hein-Snider</b>		<b>Transaction ID: SB23.5362</b> Date of Disbursement MM / DD / YYYY 01 / 31 / 2007	
Mailing Address 16822 State Orchard Road		Amount of Each Disbursement this Period 766.28	
City Council Bluffs	State IA		Zip Code 51503
Purpose of Disbursement Payroll			104 Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1972.32
<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)

<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) <b>A. Dan Herren</b>		Transaction ID: SB23.5355 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 420.97
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dan Herren</b>		Transaction ID: SB23.5358 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 233.18
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Mileage reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dan Herren</b>		Transaction ID: SB23.5359 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period 512.66
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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</b> of Disbursements This Page (optional) ..... ▶	1166.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

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

Full Name (Last, First, Middle Initial) <b>B. Steve Huff</b>		Transaction ID: SB23.5469 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	Purpose of Disbursement Payroll Category/Type 101	
Candidate Name COX 2008 COMMITTEE INC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steve Huff</b>		Transaction ID: SB23.5470 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 64.33
City Manchester State IA Zip Code 52056	Purpose of Disbursement Reimbursement Category/Type 101	
Candidate Name COX 2008 COMMITTEE INC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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</b> of Disbursements This Page (optional) ..... ▶	1807.05
<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)

<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) <b>A. Steve Huff</b>		<b>Transaction ID: SB23.5471</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1102.92
City Manchester	State IA Zip Code 52056	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Steve Huff</b>		<b>Transaction ID: SB23.5472</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester	State IA Zip Code 52056	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Steve Huff</b>		<b>Transaction ID: SB23.5474</b> Date of Disbursement 02 / 28 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester	State IA Zip Code 52056	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3322.76</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)

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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) <b>A. Steve Huff</b>		<b>Transaction ID: SB23.5475</b> Date of Disbursement 03 / 15 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve Huff</b>		<b>Transaction ID: SB23.5476</b> Date of Disbursement 03 / 16 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 224.17
City Manchester State IA Zip Code 52056	Purpose of Disbursement Reimbursements Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steve Huff</b>		<b>Transaction ID: SB23.5275</b> Date of Disbursement 03 / 30 / 2007
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period 1109.92
City Manchester State IA Zip Code 52056	Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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

Full Name (Last, First, Middle Initial) <b>A. Learfield News</b>		<b>Transaction ID:</b> SB23.5398 Date of Disbursement
Mailing Address Post Office Box 1588		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Jefferson City	State MO	Zip Code 65102
Purpose of Disbursement Media		<input type="text" value="1"/> <input type="text" value="0"/> 1
Candidate Name COX 2008 COMMITTEE INC		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period  
      5390.00

Full Name (Last, First, Middle Initial) <b>B. March for Life</b>		<b>Transaction ID:</b> SB23.5531 Date of Disbursement
Mailing Address Post Office Box 90300		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20090
Purpose of Disbursement Donation		<input type="text" value="1"/> <input type="text" value="0"/> 1
Candidate Name COX 2008 COMMITTEE INC		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period  
     225.00

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID:</b> SB23.5410 Date of Disbursement
Mailing Address 483 Parkview Street		<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"/>
City Mansfield	State OH	Zip Code 44903
Purpose of Disbursement Payroll		<input type="text" value="1"/> <input type="text" value="0"/> 1
Candidate Name COX 2008 COMMITTEE INC		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Amount of Each Disbursement this Period  
      1856.76

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="7"/> 7471.76
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Nathan Martin</b>		<b>Transaction ID: SB23.5411</b> Date of Disbursement 01 / 18 / 2007
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 551.78
City Mansfield State OH Zip Code 44903	101 Category/ Type	
Purpose of Disbursement Reimbursement - telephone		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Martin</b>		<b>Transaction ID: SB23.5412</b> Date of Disbursement 01 / 22 / 2007
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1750.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID: SB23.5413</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1865.76
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4167.54</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)

<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) <b>A. Nathan Martin</b>		<b>Transaction ID: SB23.5506</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1500.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
Purpose of Disbursement Payroll - pay differential		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Martin</b>		<b>Transaction ID: SB23.5508</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1750.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID: SB23.5509</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period -20.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3230.00</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)

<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) <b>A. Nathan Martin</b>		<b>Transaction ID: SB23.5414</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1786.36
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Martin</b>		<b>Transaction ID: SB23.5415</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1750.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID: SB23.5420</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 90.74
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3627.10</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Nathan Martin</b>		<b>Transaction ID: SB23.5418</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 275.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Martin</b>		<b>Transaction ID: SB23.5416</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 2897.63
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID: SB23.5417</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1750.00
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4922.63
<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)

<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) <b>A. Nathan Martin</b>		<b>Transaction ID: SB23.5421</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 279.50
City Mansfield State OH Zip Code 44903	101 Category/ Type	
Purpose of Disbursement Travel 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Martin</b>		<b>Transaction ID: SB23.5422</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 2897.64
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Martin</b>		<b>Transaction ID: SB23.5423</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1274.85
City Mansfield State OH Zip Code 44903	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4451.99</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Nathan Martin</b>		<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
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period 1545.60
City Mansfield State OH Zip Code 44903	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Denise-Marie Mcintosh</b>		<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
Mailing Address 35 Edmond Drive		Amount of Each Disbursement this Period 750.00
City Nashua State NH Zip Code 03063	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Denise-Marie Mcintosh</b>		<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
Mailing Address 35 Edmond Drive		Amount of Each Disbursement this Period 146.85
City Nashua State NH Zip Code 03063	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2442.45
<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)

<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) <b>A. Merrimack Restaurant</b>		<b>Transaction ID: SB23.5405</b> Date of Disbursement 01 / 26 / 2007
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement February rent	
Candidate Name COX 2008 COMMITTEE INC	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Merrimack Restaurant</b>		<b>Transaction ID: SB23.5406</b> Date of Disbursement 03 / 09 / 2007
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement March rent	
Candidate Name COX 2008 COMMITTEE INC	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Merrimack Restaurant</b>		<b>Transaction ID: SB23.5287</b> Date of Disbursement 03 / 27 / 2007
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period 1800.00
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement April rent	
Candidate Name COX 2008 COMMITTEE INC	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. News Max Media</b>		<b>Transaction ID:</b> SB23.5535 Date of Disbursement
Mailing Address 560 Village Boulevard Suiet 120		<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"/>
City West Palm Beach	State FL	Zip Code 33409
Purpose of Disbursement Media - Email	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="12500.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. News Max Media</b>		<b>Transaction ID:</b> SB23.5522 Date of Disbursement
Mailing Address 560 Village Boulevard Suiet 120		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City West Palm Beach	State FL	Zip Code 33409
Purpose of Disbursement Media - Email Services	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="12500.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID:</b> SB23.5540 Date of Disbursement
Mailing Address 777 South Willow		<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"/>
City Manchester	State NH	Zip Code 01303
Purpose of Disbursement Supplies	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="306.12"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25306.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 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) <b>A. Office of the Attorney General - Employer Maintenance</b>		<b>Transaction ID:</b> SB23.5431 Date of Disbursement
Mailing Address Post Office Box 10		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Child Support	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) <b>B. Office of the Attorney General - Employer Maintenance</b>		<b>Transaction ID:</b> SB23.5433 Date of Disbursement
Mailing Address Post Office Box 10		<input type="text" value="0"/> <input type="text" value="3"/> / <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"/>
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Child Support	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) <b>C. Office of the Attorney General - Employer Maintenance</b>		<b>Transaction ID:</b> SB23.5283 Date of Disbursement
Mailing Address Post Office Box 10		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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"/>
City Austin	State TX	Zip Code 78767
Purpose of Disbursement Child Support	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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) <b>A. Ben Ohl</b>		<b>Transaction ID: SB23.5313</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 108 South 9th Street		Amount of Each Disbursement this Period 425.00
City Manchester State IA Zip Code 52057	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel Shoreham</b>		<b>Transaction ID: SB23.5556</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 2500 Calvert Street NW		Amount of Each Disbursement this Period 581.66
City Washington State DC Zip Code 20008	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel Shoreham</b>		<b>Transaction ID: SB23.5533</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 2500 Calvert Street NW		Amount of Each Disbursement this Period 29.62
City Washington State DC Zip Code 20008	101 Category/ Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1036.28
<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)

<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) <b>A. Public Service of New Hampshire</b>		<b>Transaction ID: SB23.5247</b> Date of Disbursement 01 / 04 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period 30.07
City Manchester	State NH	
Zip Code 03105		
Purpose of Disbursement Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Public Service of New Hampshire</b>		<b>Transaction ID: SB23.5454</b> Date of Disbursement 01 / 30 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period 61.12
City Manchester	State NH	
Zip Code 03105		
Purpose of Disbursement Utilities - New Hampshire		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Public Service of New Hampshire</b>		<b>Transaction ID: SB23.5456</b> Date of Disbursement 03 / 05 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period 62.51
City Manchester	State NH	
Zip Code 03105		
Purpose of Disbursement New Hampshire utilities		
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</b> of Disbursements This Page (optional) ..... ▶	153.70
<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)

<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 State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
Donation

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 02

Transaction ID: SB23.5459  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

Mailing Address 33 Ashland Street

City State Zip Code  
Manchester NH 03104

Purpose of Disbursement  
Voter List Reimbursement

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 02

Transaction ID: SB23.5333  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

Mailing Address 33 Ashland Street

City State Zip Code  
Manchester NH 03104

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 02

Transaction ID: SB23.5334  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Chris Richter</b>		<b>Transaction ID: SB23.5335</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33	
City Manchester State NH Zip Code 03104	Purpose of Disbursement Payroll	Category/ Type 101	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Chris Richter</b>		<b>Transaction ID: SB23.5336</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 382.43	
City Manchester State NH Zip Code 03104	Purpose of Disbursement Reimbursement	Category/ Type 104	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Chris Richter</b>		<b>Transaction ID: SB23.5337</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7	
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 596.90	
City Manchester State NH Zip Code 03104	Purpose of Disbursement Reimbursement	Category/ Type 104	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2615.66
<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)

<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) <b>A. Chris Richter</b>		<b>Transaction ID: SB23.5338</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chris Richter</b>		<b>Transaction ID: SB23.5341</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chris Richter</b>		<b>Transaction ID: SB23.5340</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 190.86
City Manchester State NH Zip Code 03104	101 Category/ Type	
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) ▼	

**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)

<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) <b>A. Chris Richter</b>		<b>Transaction ID: SB23.5342</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Chris Richter</b>		<b>Transaction ID: SB23.5265</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Chris Richter</b>		<b>Transaction ID: SB23.5343</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period 1636.33
City Manchester State NH Zip Code 03104	Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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</b> of Disbursements This Page (optional) ..... ▶	4908.99
<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)

<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) <b>A. Nikolas Rule</b>		<b>Transaction ID: SB23.5425</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 461.75
City Oskaloosa State IA Zip Code 52577	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nikolas Rule</b>		<b>Transaction ID: SB23.5426</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 230.87
City Oskaloosa State IA Zip Code 52577	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nikolas Rule</b>		<b>Transaction ID: SB23.5427</b> Date of Disbursement 02 / 28 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 230.88
City Oskaloosa State IA Zip Code 52577	101 Category/ Type	
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>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)

<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) <b>A. Nikolas Rule</b>		<b>Transaction ID: SB23.5428</b> Date of Disbursement 02 / 28 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 230.88
City Oskaloosa State IA Zip Code 52577		
Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nikolas Rule</b>		<b>Transaction ID: SB23.5429</b> Date of Disbursement 03 / 15 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 230.87
City Oskaloosa State IA Zip Code 52577		
Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Nikolas Rule</b>		<b>Transaction ID: SB23.5273</b> Date of Disbursement 03 / 30 / 2007
Mailing Address 201 Trueblood Avenue Box 2068		Amount of Each Disbursement this Period 230.88
City Oskaloosa State IA Zip Code 52577		
Purpose of Disbursement Payroll Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
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</b> of Disbursements This Page (optional) ..... ▶	<b>692.63</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)

<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) <b>A. Sash &amp; Ash LLC</b>		<b>Transaction ID: SB23.5460</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 2805 Millwood Ave Suite A		Amount of Each Disbursement this Period 3000.00
City Columbia State SC Zip Code 29205	101 Category/ Type	
Purpose of Disbursement February and 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sash &amp; Ash LLC</b>		<b>Transaction ID: SB23.5257</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 2805 Millwood Ave Suite A		Amount of Each Disbursement this Period 750.00
City Columbia State SC Zip Code 29205	101 Category/ Type	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Evan Sayet</b>		<b>Transaction ID: SB23.5285</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 18375 Ventura Boulevard #288		Amount of Each Disbursement this Period 250.00
City Tarzana State CA Zip Code 91356	101 Category/ Type	
Purpose of Disbursement Services rendered		
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</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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)

<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) <b>A. Carl Segvich</b>		<b>Transaction ID: SB23.5327</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 3110 South Wells		Amount of Each Disbursement this Period 480.00
City Chicago	State IL	
Zip Code 60616		
Purpose of Disbursement Contractor Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carl Segvich</b>		<b>Transaction ID: SB23.5281</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 3110 South Wells		Amount of Each Disbursement this Period 100.00
City Chicago	State IL	
Zip Code 60616		
Purpose of Disbursement Services rendered Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Special Guests</b>		<b>Transaction ID: SB23.5461</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 9 S 157 Route 59		Amount of Each Disbursement this Period 4750.00
City Naperville	State IL	
Zip Code 60564		
Purpose of Disbursement Public Relations Candidate Name COX 2008 COMMITTEE INC Category/Type 101		
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</b> of Disbursements This Page (optional) ..... ▶	<b>5330.00</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)

<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) <b>A. Special Guests</b>		Transaction ID: SB23.5462 Date of Disbursement
Mailing Address 9 S 157 Route 59		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Public Relations	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="6100.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Special Guests</b>		Transaction ID: SB23.5463 Date of Disbursement
Mailing Address 9 S 157 Route 59		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Public Relations	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Special Guests</b>		Transaction ID: SB23.5290 Date of Disbursement
Mailing Address 9 S 157 Route 59		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Public Relations	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 02

Transaction ID: SB23.5288

Date of Disbursement

03 / 27 / 2007

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

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 02

Transaction ID: SB23.5536

Date of Disbursement

01 / 04 / 2007

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

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 02

Transaction ID: SB23.5308

Date of Disbursement

01 / 09 / 2007

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)

<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) <b>A. Barbara Tarallo</b>		<b>Transaction ID: SB23.5309</b> Date of Disbursement 01 / 15 / 2007
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 661.48
City Derry State NH Zip Code 03038	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		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barbara Tarallo</b>		<b>Transaction ID: SB23.5310</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 661.47
City Derry State NH Zip Code 03038	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		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barbara Tarallo</b>		<b>Transaction ID: SB23.5311</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 661.47
City Derry State NH Zip Code 03038	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		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1984.42
<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)

<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) <b>A. Barbara Tarallo</b>		<b>Transaction ID:</b> SB23.5312 Date of Disbursement 02 / 15 / 2007
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period 232.74
City Derry State NH Zip Code 03038	104 Category/ Type	
Purpose of Disbursement Overhead 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Target Marketing USA</b>		<b>Transaction ID:</b> SB23.5477 Date of Disbursement 02 / 22 / 2007
Mailing Address 17748 Sky Park Circle Suite 220		Amount of Each Disbursement this Period 1424.00
City Irvine State CA Zip Code 92614	101 Category/ Type	
Purpose of Disbursement Services rendered		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TCV Media</b>		<b>Transaction ID:</b> SB23.5554 Date of Disbursement 01 / 07 / 2007
Mailing Address PO Box 603		Amount of Each Disbursement this Period 1000.00
City Kernersville State NC Zip Code 27285	101 Category/ Type	
Purpose of Disbursement Internet Site		
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</b> of Disbursements This Page (optional) ..... ▶	2656.74
<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)

<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) <b>A. TCV Media</b>		<b>Transaction ID:</b> SB23.5481 Date of Disbursement
Mailing Address PO Box 603		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Kernersville	State NC	Zip Code 27285
Purpose of Disbursement Website	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. TCV Media</b>		<b>Transaction ID:</b> SB23.5532 Date of Disbursement
Mailing Address PO Box 603		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Kernersville	State NC	Zip Code 27285
Purpose of Disbursement Website	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Telegraph</b>		<b>Transaction ID:</b> SB23.5559 Date of Disbursement
Mailing Address Post Office Box 1008		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Nashua	State NH	Zip Code 03061
Purpose of Disbursement Services	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		
		Amount of Each Disbursement this Period <input type="text" value="523.80"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2523.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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) <b>A. True-South Communications</b>		<b>Transaction ID:</b> SB23.5510 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Advertising		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. True-South Communications</b>		<b>Transaction ID:</b> SB23.5511 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 36000.00
City Mauldin State SC Zip Code 29662	103 Category/ Type	
Purpose of Disbursement Advertising - target mailing		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. True-South Communications</b>		<b>Transaction ID:</b> SB23.5512 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 36000.00
City Mauldin State SC Zip Code 29662	103 Category/ Type	
Purpose of Disbursement Advertising - target mailing		
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</b> of Disbursements This Page (optional) ..... ▶	75088.00
<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)

<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) <b>A. True-South Communications</b>		<b>Transaction ID: SB23.5485</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. True-South Communications</b>		<b>Transaction ID: SB23.5487</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. True-South Communications</b>		<b>Transaction ID: SB23.5489</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Advertising Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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</b> of Disbursements This Page (optional) ..... ▶	9264.00
<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)

<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) <b>A. True-South Communications</b>		<b>Transaction ID:</b> SB23.5490 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 800.00
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Furniture Lease Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. True-South Communications</b>		<b>Transaction ID:</b> SB23.5492 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 121.93
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Mileage reimbursement Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. True-South Communications</b>		<b>Transaction ID:</b> SB23.5493 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 1321.12
City Mauldin State SC Zip Code 29662	Purpose of Disbursement Reimbursements Candidate Name COX 2008 COMMITTEE INC Category/Type 101	
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</b> of Disbursements This Page (optional) ..... ▶	2243.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. True-South Communications</b>		<b>Transaction ID:</b> SB23.5494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	101 Category/ Type	
Purpose of Disbursement Advertising		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. True South Communications</b>		<b>Transaction ID:</b> SB23.5280 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 112 Renaissance Circle		Amount of Each Disbursement this Period 3088.00
City Mauldin State SC Zip Code 29662	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Union Leader Corporation</b>		<b>Transaction ID:</b> SB23.5548 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address Post Office Box 9555		Amount of Each Disbursement this Period 1200.00
City Manchester State NH Zip Code 03108	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7376.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. US Cellular</b>		<b>Transaction ID:</b> SB23.5496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 46.04
City Palatine State IL Zip Code 60623	101 Category/ Type	
Purpose of Disbursement Cellular telephone		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Cellular</b>		<b>Transaction ID:</b> SB23.5497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO Box 1		Amount of Each Disbursement this Period 46.04
City Palatine State IL Zip Code 60623	101 Category/ Type	
Purpose of Disbursement Cellular telephone		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John Utz</b>		<b>Transaction ID:</b> SB23.5379 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 461.75
City Rowan State IA Zip Code 50470	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	553.83
<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)

<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) <b>A. John Utz</b>		<b>Transaction ID: SB23.5380</b> Date of Disbursement 01 / 31 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 461.75
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Payroll	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. John Utz</b>		<b>Transaction ID: SB23.5381</b> Date of Disbursement 02 / 15 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 311.75
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Payroll	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. John Utz</b>		<b>Transaction ID: SB23.5383</b> Date of Disbursement 02 / 28 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 311.75
City Rowan	State IA Zip Code 50470	
Purpose of Disbursement Payroll	101 Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

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

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)

<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) <b>A. John Utz</b>		<b>Transaction ID: SB23.5385</b> Date of Disbursement 03 / 15 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. John Utz</b>		<b>Transaction ID: SB23.5271</b> Date of Disbursement 03 / 20 / 2007
Mailing Address 813 Pesch		Amount of Each Disbursement this Period 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: SB23.5243</b> Date of Disbursement 01 / 03 / 2007
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 247.17
City Worcester	State MA Zip Code 01654-0001	
Purpose of Disbursement New Hampshire telephone service		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>870.67</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)

<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) <b>A. Verizon</b>		<b>Transaction ID: SB23.5498</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 247.17
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID: SB23.5499</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 301.14
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: SB23.5550</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 599.96
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1148.27
<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)

<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) <b>A. Verizon</b>		<b>Transaction ID:</b> SB23.5500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period 125.51
City Worcester State MA Zip Code 01654-0001	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Victory Store</b>		<b>Transaction ID:</b> SB23.5542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 5200 SW 30th Ave		Amount of Each Disbursement this Period 7260.00
City Davenport State IA Zip Code 52802	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Victory Store</b>		<b>Transaction ID:</b> SB23.5544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 5200 SW 30th Ave		Amount of Each Disbursement this Period 1650.00
City Davenport State IA Zip Code 52802	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9035.51
<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

Full Name (Last, First, Middle Initial) <b>A. Vonage</b>		Transaction ID: SB23.5525 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 563.40
City Holmdel	State NJ	
Zip Code 07733		
Purpose of Disbursement 101 Category/Type		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. Vonage</b>		Transaction ID: SB23.5549 Date of Disbursement MM / DD / YYYY 01 / 30 / 2007
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 1021.30
City Holmdel	State NJ	
Zip Code 07733		
Purpose of Disbursement Telephone service 101 Category/Type		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. Mark Vonderohe</b>		Transaction ID: SB23.5400 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 766.50
City Waukon	State IA	
Zip Code 52172		
Purpose of Disbursement Payroll 101 Category/Type		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2351.20
<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)

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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) <b>A. Mark Vonderohe</b>		<b>Transaction ID:</b> SB23.5401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 383.25
City Waukon State IA Zip Code 52172	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mark Vonderohe</b>		<b>Transaction ID:</b> SB23.5402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mark Vonderohe</b>		<b>Transaction ID:</b> SB23.5403 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	101 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1192.89
<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

Full Name (Last, First, Middle Initial) <b>A. Mark Vonderohe</b>		<b>Transaction ID:</b> SB23.5269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 502 First Street SE #05		Amount of Each Disbursement this Period 404.82
City Waukon State IA Zip Code 52172	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Julie West</b>		<b>Transaction ID:</b> SB23.5392 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 27675 270th Street		Amount of Each Disbursement this Period 424.14
City Eldora State IA Zip Code 50627	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Julie West</b>		<b>Transaction ID:</b> SB23.5394 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 27675 270th Street		Amount of Each Disbursement this Period 424.14
City Eldora State IA Zip Code 50627	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1253.10
<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

Full Name (Last, First, Middle Initial) <b>A. Julie West</b>		<b>Transaction ID: SB23.5395</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 27675 270th Street		Amount of Each Disbursement this Period 424.14
City Eldora State IA Zip Code 50627	101 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Julie West</b>		<b>Transaction ID: SB23.5397</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 27675 270th Street		Amount of Each Disbursement this Period 424.14
City Eldora State IA Zip Code 50627	104 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Julie West</b>		<b>Transaction ID: SB23.5268</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 27675 270th Street		Amount of Each Disbursement this Period 138.52
City Eldora State IA Zip Code 50627	104 Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>986.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. WHO 1040 Radio</b>		<b>Transaction ID:</b> SB23.5501 Date of Disbursement
Mailing Address 2141 Grand Avenue		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City Des Moines	State IA	Zip Code 50312
Purpose of Disbursement Media	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="8000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>B. WLFJ</b>		<b>Transaction ID:</b> SB23.5515 Date of Disbursement
Mailing Address 2420 Wade Hampton Boulevard		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City Greenville	State SC	Zip Code 29615
Purpose of Disbursement Media	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="720.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

Full Name (Last, First, Middle Initial) <b>C. WMUU, Inc.</b>		<b>Transaction ID:</b> SB23.5513 Date of Disbursement
Mailing Address 920 Wade Hampton Boulevard		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City Greenville	State SC	Zip Code 29609
Purpose of Disbursement Media	<input type="text" value="101"/> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Amount of Each Disbursement this Period <input type="text" value="1284.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10004.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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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.** WORD AM

Mailing Address 25 Garlington Road

City Greenville State SC Zip Code 29615

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

Category/  
Type

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

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

**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) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4100**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 3 Y Y Y Y 2 0 0 6	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM/YY 03/06, 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>15000.00</b>
<b>TOTALS</b> 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 108 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4429**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 04 D D 19 Y Y Y Y 2006	12/31/2008	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 109 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4432**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

**TERMS**

Date Incurred MM DD YY YY 05 04 2006	Date Due 12/31/2008	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------------	------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 110 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4433**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

**TERMS**

Date Incurred MM DD YY 05 10 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 111 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4434**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

Date Incurred MM DD YYYY 05 11 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	20000.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM/YY 06/2006 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) ..... ► 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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) ..... ►

**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) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4456**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 28 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 115 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4458**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 14 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: MM DD YY    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) ..... ►

**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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

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

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) ..... ►

**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 118 / 132
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4461**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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**TERMS**

Date Incurred M M 09 D D 20 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	30000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 119 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4462**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M M 09 D D 28 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

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

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 120 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4782**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 1 2 Y Y Y Y 2 0 0 6	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE		
City CHICAGO	State IL ZIP Code 60611	

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

Date Incurred M M 10 D D 26 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	20000.00
<b>TOTALS</b> 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 122 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4784**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

**TERMS**

Date Incurred M M 11 D D 08 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 124 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4786**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 0 6 Y Y Y Y 2 0 0 6	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

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

JOHN H COX, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) ..... ►

**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) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5197**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 0 9 Y Y Y Y 2 0 0 7	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 127 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5198**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 1 6 Y Y Y Y 2 0 0 7	12/31/2008	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 128 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5199**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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**TERMS**

Date Incurred MM DD YY 01 29 2007	Date Due 12/31/2008	Interest Rate 5.10 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 129 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5200**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 6 Y Y Y Y 2 0 0 7	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 130 / 132
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5201**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 2 Y Y Y Y 2 0 0 7	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>30000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 131 / 132
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5202**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 01 Y Y Y Y 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 132 / 132
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5203**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN H COX, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 E ERIE	
City CHICAGO State IL ZIP Code 60611	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 14 Y Y Y Y 2007	12/31/08	5.10 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>745000.00</b>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	