FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines. 12FE4M5

COX 2008 COMMITTEE INC

ADDRESS (number and street)) Post Office Box 5353

Check if different than previously reported. (ACC

Buffalo Grove | IL | 60089

CITY | STATE | ZIP CODE

2. FEC IDENTIFICATION NUMBER ▶ C C00420224

3. **THIS REPORT IS FOR** Primary ☐ or General ☐

4. TYPE OF REPORT *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

- ☐ April 15 (Q1)
- ☒ October 15 (Q3)
- ☐ July 15 (Q2)
- ☐ January 31 Year-End Report (YE)

Monthly Reports:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10))
- ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election on MM / DD / YYYY .

☐ Twelfth day report preceding ____ election on MM / DD / YYYY in the State of ____ .

Is this Report an Amendment? ☐ yes ☒ no

5. Covering Period 09 / 01 / 2011 through 09 / 30 / 2011

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

Type or Print Name of Treasurer Claremont Ruff

Signature of Treasurer *Claremont Ruff* ***[Electronically Filed]*** Date 11 / 14 / 2011

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

Office Use Only							

Write or Type Committee Name

COX 2008 COMMITTEE INC

Report Covering the Period: From: 09 / 01 / 2011 To: 09 / 30 / 2011

SUMMARY

6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1289.68
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0.00
8.	SUBTOTAL (Lines 6 and 7)	1289.68
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	12.00
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8	1277.68
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	1055000.00
13.	EXPENDITURES SUBJECT TO LIMIITATION	1075938.93

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14.	NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	22178.61
15.	NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	1052335.67

POST-ELECTION DETAILED SUMMARY PAGE
Report Of Receipts And Disbursements

FEC **Form 3P**

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

NAME OF COMMITEE (in Full)
COX 2008 COMMITTEE INC

Report Covering the Period: From: 09/01/2011 To: 09/30/2011

	COLUMN A Total This Period	COLUMN B Election Cycle Total as of 11/03/2008	COLUMN C Total for 11/04/2008 (date after general election) through 09/30/2011 (last day of reporting period)
I. RECEIPTS			
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized	0.00	17336.10	0.00
(ii) Unitemized	0.00	4842.51	0.00
(iii) Total Contributions	0.00	22178.61	0.00
(b) Political Party Committees	0.00	0.00	0.00
(c) Other Political Committees	0.00	0.00	0.00
(d) The Candidate	0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	22178.61	0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE
Report Of Receipts And Disbursements

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)

* - See page 3 for date

19. LOANS RECEIVED:

(a) Loans Received From or Guaranteed by Candidate

0.00	1055000.00	0.00

(b) Other Loans

0.00	0.00	0.00

(c) TOTAL LOANS (Add 19(a) and 19(b))

0.00	1055000.00	0.00

20. OFFSETS TO EXPENDITURES (Refunds,Rebates, etc.):

(a) Operating

0.00	6799.30	0.00

(b) Fundraising

0.00	0.00	0.00

(c) Legal and Accounting

0.00	0.00	0.00

(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))

0.00	6799.30	0.00

21. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00	500.00	0.00

22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)

0.00	1084477.91	0.00

II. DISBURSEMENTS

23. OPERATING EXPENDITURES

12.00	1059134.97	462.00

24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00	0.00	0.00

25. FUNDRAISING DISBURSEMENTS

0.00	23603.26	0.00

26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS

0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE
Report Of Receipts And Disbursements

	COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
27. LOAN REPAYMENTS MADE:			* - See page 3 for date
(a) Repayments of Loans Made or Guaranteed by Candidate	0.00	0.00	0.00
(b) Other Repayments	0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	0.00
(b) Political Party Committees	0.00	0.00	0.00
(c) Other Political Committees	0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00	0.00
29 OTHER DISBURSEMENTS	0.00	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	12.00	1082738.23	462.00

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

0.00	22178.61	0.00

IV. NET OPERATING EXPENDITURES

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

12.00	1052335.67	462.00

V. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

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

0.00		

Image# 11971833547

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

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

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

COX 2008 COMMITTEE INC

2. **FEC IDENTIFICATION NUMBER** C C00420224

ADDRESS (number and street) Post Office Box 5353

Buffalo Grove (CITY) IL (STATE) 60089 – (ZIP CODE)

3. **NAME OF CANDIDATE**

ALLOCATION BY STATE

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

Image# 11971833548

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

Image# 11971833549

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

Image# 11971833550

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.
Full Name (Last, First, Middle Initial)
Chase Bank
Mailing Address 825 West Euclid
City: Palatine State: IL Zip Code: 60067
Purpose of Disbursement: Bank Charge
Category/Type: 101
Candidate Name: COX 2008 COMMITTEE INC
Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2011
Transaction ID : SB23.7335
Amount of Each Disbursement this Period: 12.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional) ▶ 12.00

Total This Period (last page this line number only)) ▶ 12.00

Image# 11971833551

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
02 / 03 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833552

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
55 East 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 (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
03 / 06 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833553

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
04/19/2006	12/31/2008	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 10000.00

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

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

Image# 11971833554

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 04 / 2006	12/31/2008	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833555

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
05/10/2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833556

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 11 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833557

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
06/20/2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833558

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
07 / 14 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 10000.00

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

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

Image# 11971833559

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
07 / 28 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833560

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 14 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833561

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 28 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833562

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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:
09 / 13 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833563

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 20 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 30000.00

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

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

Image# 11971833564

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 28 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833565

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4782

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
10 / 12 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833566

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4783

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
10 / 26 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833567

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4784

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
11 / 08 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833568

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4785

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
11 / 30 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 10000.00

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

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

Image# 11971833569

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4786

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12 / 06 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833570

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.4787

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12 / 22 / 2006	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833571

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5197

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
01 / 09 / 2007	12/31/2008	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833572

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5198

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
01 / 16 / 2007	12/31/2008	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 40000.00

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

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

Image# 11971833573

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5199

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
01 / 29 / 2007	12/31/2008	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833574

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5200

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

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

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833575

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5201

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

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

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 30000.00

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

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

Image# 11971833576

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5202

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
03 / 01 / 2007	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833577

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5203

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
03 / 14 / 2007	12/31/08	5.10 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833578

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5574

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
04 / 04 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833579

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5575

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
55 East 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 (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
04 / 15 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 15000.00

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

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

Image# 11971833580

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5576

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 02 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 50000.00

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

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

Image# 11971833581

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5577

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
05 / 16 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833582

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5578

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
06 / 13 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833583

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5579

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
06 / 14 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833584

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.5580

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
06 / 30 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833585

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.6136

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
07 / 31 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 30000.00

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

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

Image# 11971833586

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.6137

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
08 / 22 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833587

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.6138

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 05 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 25000.00

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

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

Image# 11971833588

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.6139

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 20 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 10000.00

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

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

Image# 11971833589

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.7036

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
10 / 02 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 20000.00

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

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

Image# 11971833590

SCHEDULE C–P
LOANS

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

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

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID : SC/12.7037

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
John H. Cox

Mailing Address
55 East Erie

City: Chicago | State: IL | ZIP Code: 60611

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
11 / 03 / 2007	12/31/08	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

Subtotal Of Receipts This Page (optional) ▶ 10000.00

Total This Period (last page this line number only) ▶ 1055000.00

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