Image# 28930737640 02/29/2008 15:38

	RECEIPTS AND DISBURS ED COMMITTEE OF A CANDIDATE FO EE (in full)		OF PRESIDEN	1 / 45 Γ OR VICE-PRESIDENT
COX 2008 COMMIT	ITEE INC			
ADDRESS (number and	d street) Check if different than previous	ously reported		
Post Office Box 535	•	radily reported	2. IDENTIFICAT	
			C0042022	
CITY, STATE, and ZIP (Buffalo Grove	CODE IL 60089	a	3. IS THIS REPO	
			Primary	General
4. TYPE OF RI	EPORT (Check here if this is a Termin	' '	•	
April 15 Quarterly Re	eport	Monthly Report Due X February 20	_	0 October 20
July 15 Quarterly Re	port	X February 20 March 20	☐ June 2	
		April 20	August	<u>=</u>
October 15 Quarterly	Report	May 20	∐ Septen	nber 20
January 31 Year End	Report	Twelfth day report p	receding	(Type of Election)
		election on		in the State of
		Thirtieth day report f	ollowing the Genera	al Election on
		on		_
IS THIS REPORT AN AI	MENDMENT YES X NO			
5. COVERING PERIOD		FROM 01/01/2008		THROUGH 01/31/2008
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD			1154.27
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			1246.62
	8. SUBTOTAL (Lines 6 and 7)			2400.89
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)			408.00
	10. CASH ON HAND AT CLOSE OF REPORT (Subtract Line 9 from 8)			1992.89
	11. DEBTS AND OBLIGATIONS OWED TO T (Itemize All on Schedule C-P or Schedule D-	·P)		0.00
	12. DEBTS AND OBLIGATIONS OWED BY T (Itemize All on Schedule C-P or Schedule D-			1055000.00
	13. EXPENDITURES SUBJECT TO LIMITATION			-64924325.38
NET ELECTION CYCLE- TO-DATE CONTRIBUTIONS AND	(Subtract Line 28d, Column B from 17e, Coli			22167.51
EXPENDITURES	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Colummn B from 23, Co			1053317.98
	mined this Report and to the best of my know	rledge and belief it is t	rue, correct, and o	·
Type or Print Name of Tr Claremont Ruf				Date 02/29/2008
Signature of Treasurer				
NOTE: Submission of fal	lse, erroneous, or incomplete information may sub	ject the person signing	this Report to the p	enalties of 2 U.S.C. §437g.
· .	EC FORM 3P are obsolete and should no longer	be used.		
For further information	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424 Local 202-694-11		FEC FORM 3P (01/2001)

(PAGE 2, FEC FORM 3P) Name of committee (in full) COX 2008 COMMITTEE INC		Report Covering the Period	
COX 2006 COMMITTEE INC		From: 01/01/2008	To: 01/31/2008
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
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		0.00	22167.51
(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))	0.00	22167.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	1055000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	1055000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		0.00	4110.68
(b) Fundraising		1246.62	1246.62
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a),	20(b) and 20(c))	1246.62	5357.30
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		1246.62	1083024.81
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		408.00	1057428.66
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(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)		408.00	1081031.92
III. CONTRIBUTED ITEMS (Stock, Art C	biects. etc.)		
• •	~,ooto, oto./	2.22	
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

Buffalo Grove

IL

lage# 2030/13/042		
ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A F (Used Only by Primary Committees Receiving or Expecting to Receive F (PAGE 3, FEC FORM 3P)		3 / 45
1. NAME OF COMMITTEE (in full)		
COX 2008 COMMITTEE INC		
ADDRESS (number and street)		
Post Office Box 5353		
CITY STATE and ZID CODE	2 IDENTIFICATION NUMBER	

C00420224

ALLOCATION BY STATE

60089

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	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	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	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	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
			TOTALS	0.00	256085.10

A.

В.

C.

SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 4/45 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7156 Chase Bank Date of Disbursement 15 o 1 2008 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine 60067 IL 12.00 Purpose of Disbursement Wire charges 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7155 Chase Bank Date of Disbursement 3 1 0 1 2008 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 8.00 Purpose of Disbursement Bank charges 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7157 Illinois Secretary of State Date of Disbursement 2 9 2008 Mailing Address 501 South Second Street City State Zip Code Amount of Each Disbursement this Period Springfield IL 62756 25.00 Purpose of Disbursement Amendment to annual report 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 45.00 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

Þ

State:

A.

SCHEDULE B (FEC Form 3P)

District: 02

FOR LINE NUMBER: PAGE 5/45 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7154 Kimberly McClendon Date of Disbursement 15 o[™] 1 2008 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 363.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: Disbursement For: House General Senate Primary χ President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	363.00
TOTAL This Period (last page this line number only)	<u> </u>	408.00

FE1AN060.PDF

PAGE 6 / 45 Use separate schedule(s)

OANS	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	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4100 Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
0 2 D 0 3 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

PAGE 7 / 45 Use separate schedule(s) for each category of the

FOR LINE NUMBER:

LOANS	Detailed Summary Page	(check only one)	X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	L		1 1 190
		ction ID: SC/12.4101	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	I —	lection: C Primary General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP Code	e 60611		
Original Amount of Loan Cumulative Payment To D	Date Balance	Outstanding at Close of Th	nis Period
15000.00	0.00	15000.	00
TERMS Date Incurred Date Due	Interest Rat	e Secure	d:
0 3 D D 2 0 0 6 12/31/08	5.	1 % (apr) Ye	s X No
List All Endorsers or Guarantors (if any) to Loan Source			
	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	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		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		15000	0.00
TOTALS This Period (last page in this line only)			.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched		riate line of Summary.	

PAGE 8 / 45

LOANS	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	Trans	action ID: SC/12.4429	
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:	
John H. Cox		X Primary	
Mailing Address 55 East Erie		General Other (specify) ▼	
City Chicago State IL ZIP Cod	de 60611		
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period	
10000.00	0.00	10000.00	
TERMS Date Incurred Date Due	Interest R	ate Secured:	
0 4 D D D 2 0 0 6 12/31/2008		5.1 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	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		
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer		
Tail Name (East, First, Madie Milia)	reality of Employof		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
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 Sche	edule D, carry forward to appro	opriate line of Summary.	

PAGE 9 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP	P Code 60611
Original Amount of Loan Cumulative Paymen	nt 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 D D D D D D D D D D D D D D D D D D	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

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

PAGE 10 / 45

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

LOANS	Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
	Trans	action ID: SC/12.4433
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	le 60611	
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest R	ate Secured:
0 5 D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		20000.00
TOTALS This Period (last page in this line only)	•	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opriate line of Summary.

PAGE 11 / 45 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trai	nsaction ID: SC/12.4434
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITa	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M D D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		20000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	dule D, carry forward to ap	propriate line of Summary.

Use separate schedule(s)

PAGE 12/45

LOANS	for each category of the Detailed Summary Page FOR LINE NOMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Transaction ID: SC/12.4435 Election: X Primary General Other (specify) ▼
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
	e Due Interest Rate Secured:
0 6 2 0 2 0 0 6 12/31/08	5.1 % (apr) Yes X 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)	.00
Carry outstanding balance only to LINE 3. Schedule D. for this line	. If no Schedule D. carry forward to appropriate line of Summary.

PAGE 13 / 45 Use separate schedule(s)

OANS	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	Transa	action ID: SC/12.4457
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify) ▼
City Chicago State IL ZIP Coo		
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 Ra	te Secured:
0 7 1 4 2 0 0 6 12/31/08	5	.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
	Traine or Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	equie D, carry forward to appro	priate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

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

PAGE 14 / 45
FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	_	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		action ID: SC/12.4456 Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Code	60611	
Original Amount of Loan Cumulative Payment To D	ate Balanc	e Outstanding at Close of This Period
15000.00	0.00	15000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
0 7 2 8 2 0 0 6 12/31/08		% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
	Name of Employer	
Mailing Address	Occupation	
Old Dialo	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	•	15000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched		opriate line of Summary.

PAGE 15 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	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 D D D D 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	5.1 % (apr) Yes X 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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	chedule D, carry forward to appropriate line of Summary.

PAGE 16 / 45 Use separate schedule(s)

LOANS	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	Trans	saction ID: SC/12.4459
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
15000.00	0.00	15000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 8 2 8 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
2700	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	• · · ·	15000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	adula D. carry forward to carry	onriate line of Summary
Carry outstanding balance only to Line 3, Schedule D, for this line. If no Sche	cuule D, calify lorward to appr	opriate line of Summary.

PAGE 17 / 45

LOANS	for each category of the Detailed Summary Page	7 FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	eaction ID: SC/12.4460
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	de 60611	
Original Amount of Loan Cumulative Payment To		e Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest R	ate Secured:
0 9 1 3 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	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	
	Amount	• • • • • • • • • • • • • • • • • • • •
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		20000.00
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	opriate line of Summary.

PAGE 18 / 45

OANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
30000.00	0.00 30000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 20 D 2006 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	30000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

PAGE 19 / 45 Use separate schedule(s)

LOANS	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) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP Code	<u> </u>	
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period	
25000.00	0.00 25000.00	
Date Incurred Date Due	Interest Rate Secured:	
0 9 2 8 2 0 0 6 12/31/08	5.1 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	25000.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	dule D, carry forward to appropriate line of Summary.	

PAGE 20 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
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 D D D D 12 2006 12/31/08	5.1 % (apr) Yes X 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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no S	Schedule D, carry forward to appropriate line of Summary.

PAGE 21 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify) ▼
City Chicago State IL ZI	IP Code 60611
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS Date Incurred Date Du	ue Interest Rate Secured:
M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X 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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o 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 22 / 45

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

LUANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full)		1100
COX 2008 COMMITTEE INC	_	
LOAN SOURCE Full Name (Last, First, Middle Initial)		ction ID: SC/12.4784 Election:
John H. Cox	I -	X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Data la surred	Interest De	to Commedia
Date Incurred Date Due M M M	Interest Ra	te Secured: .1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	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	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appro	priate line of Summary.

PAGE 23 / 45

LOANS	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	Trans	saction ID: SC/12.4785
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
10000.00	0.00	10000.00
TERMS Date Incurred Date Due	Interest F	Rate Secured:
1 1 D D 2 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	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	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	• T	10000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding halance only to LINE 2. Schodule D. for this line. If we Sake	idulo D. carry forward to annu	consists line of Summers
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry lorward to appr	opriate line of Summary.

PAGE 24 / 45 Use separate schedule(s)

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	☐ Other (specify) ▼
City Chicago State IL ZIP Co Original Amount of Loan Cumulative Payment To	
50000.00	0.00 Salarice Outstanding at Close of This Period
TERMS Date Incurred Date Due	Interest Rate Secured:
1 2 D D D 2 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

PAGE 25 / 45 FOR LINE NUMBER:

LOANS	Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tuonoo	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	E	ection ID: SC/12.4787 lection: Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 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 Rat	e Secured:
1 2 D D 2 0 0 6 12/31/08	5.	1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	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	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	riate line of Summarv.

PAGE 26 / 45 Use separate schedule(s)

LOANS	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	Trans	saction ID: SC/12.5197
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 1 0 9 2 0 0 7 12/31/2008		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appi	ropriate line of Summary.
	• • • • • • • • • • • • • • • • • • • •	·

PAGE 27 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Coc	de 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:
0 1 D D 2 0 0 7 12/31/2008	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	40000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appropriate line of Summary.

PAGE 28 / 45 Use separate schedule(s)

LOANS	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) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)
) Codo (0011
City Chicago State IL ZIF Original Amount of Loan Cumulative Paymer	P Code 60611 Balance Outstanding at Close of This Period
50000.00	0.00 50000.00
Date Incurred Date Due	Interest Rate Secured:
0 1 D 2 9 2 0 0 7 Y Y Y 12/31/2008	5.10 % (apr) Yes X 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)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

PAGE 29 / 45

LOANS	for each category of the Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full)		132
COX 2008 COMMITTEE INC	Transa	ction ID: SC/12.5200
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	E	lection: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coc	de 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
20000.00	0.00	20000.00
Date Incurred Date Due	Interest Rat	e Secured:
0 2 0 0 7 12/31/08	5.	10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	oriate line of Summary.

PAGE 30 / 45 Use separate schedule(s)

LOANS	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	Trans	saction ID: SC/12.5201
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trais	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
30000.00	0.00	30000.00
Date Incurred Date Due	Interest R	Rate Secured:
0 2 1 2 0 0 7 12/31/08		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0 0 0
City State ZIP Code	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	
	Amount	
City State ZIP Code	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)	<u> </u>	30000.00
TOTALS This Period (last page in this line only)	>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appr	opriate line of Summary.

PAGE 31 / 45 Use separate schedule(s)

LOANS	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	Trans	saction ID: SC/12.5202
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	le 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 3 0 1 2 0 0 7 12/31/08		5.10 % (apr) Yes X 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	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		5000000
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opriate line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

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

PAGE 32 / 45

FOR LINE NUMBER: (check only one)

LOANS	for each category of the Detailed Summary Page	(check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	_	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	E	action ID: SC/12.5203 Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Code	e 60611	
Original Amount of Loan Cumulative Payment To I	Date Balance	Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
0 3 D D D 2 0 0 7 Y Y Y Y 12/31/08	5	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0
City State ZIP Code	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	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
CURTOTALC This Deviced This Dags (settings)	_	50000.00
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D		priate line of Summary.

PAGE 33 / 45 Use separate schedule(s)

OANS	for each categ Detailed Sumr		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transaction	on ID: SC/12.5574
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	tion: Primary General
Mailing Address 55 East Erie			Other (specify) ▼
City Chicago State IL ZIP Coc	de 60611		
Original Amount of Loan Cumulative Payment To	Date	Balance Ou	utstanding at Close of This Period
25000.00	0.00		25000.00
TERMS Date Incurred Date Due		Interest Rate	Secured:
M M M D D 2 0 0 7 Y Y Y Y Y 12/31/08		0/00	7
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employe	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employe	er	
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	>		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forwa	ard to appropria	ite line of Summary.

SCHEDULE C (FEC Form 3P) LOANS

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

PAGE 34 / 45

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

LOANS	Detailed Summary Page (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
COX 2000 CONMITTIEL INC	Transaction ID: SC/12.5575
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)
33 2431 2110	
City Chicago State IL ZIP Code	
Original Amount of Loan Cumulative Payment To I	
15000.00	0.00 15000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
0 4 1 15 2 0 0 7 12/31/08	0.00 % (apr) Yes X 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)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appropriate line of Summary.

PAGE 35 / 45

LOANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan Cumulative Payment 1	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 D D D D 2 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.

PAGE 36 / 45 Use separate schedule(s)

LOANS	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) John H. Cox Mailing Address 55 East Erie	Election: X Primary General Other (specify)
00 2400 2010	
, ,	ZIP Code 60611 Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
	Due Interest Rate Secured:
0 5 D D 2 0 0 7 12/31/08	0 % (apr) Yes X 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)	
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.

PAGE 37 / 45 Use separate schedule(s)

OANS	for each catego Detailed Summa		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.5578 tion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Co	ode 60611		
Original Amount of Loan Cumulative Payment To	o Date	Balance O	utstanding at Close of This Period
25000.00	0.00		25000.00
TERMS Date Incurred Date Due	ı	nterest Rate	Secured:
M M M D D D Y Y Y Y Y 12/31/08		0	% (apr) Yes X 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:	0 0 0	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	>		25000.00
TOTALS This Period (last page in this line only)	•		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forwar	d to appropria	ate line of Summary.

PAGE 38 / 45 Use separate schedule(s) for each category of the

FOR LINE NUMBER:

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		130
		action ID: SC/12.5579
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	le 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
25000.00	0.00	25000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
M M D D D 2 0 0 7 Y Y Y Y Y 12/31/08		% (apr) Yes X 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	
	Amount	0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		25000.00
TOTALS This Period (last page in this line only)	• <u> </u>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	opriate line of Summary.

PAGE 39 / 45

OANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2007 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	nedule D, carry forward to appropriate line of Summary.

PAGE 40 / 45 Use separate schedule(s) for each category of the

FOR LINE NUMBER:

LOANS	Detailed Summary Pag	ge (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		130
	Trai	nsaction ID: SC/12.6136
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 60611	
Original Amount of Loan Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
30000.00	0.00	30000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M M D D D 2 0 0 7 Y Y Y Y Y 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	>	30000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, and the line is the schedule D, for this line.	edule D, carry forward to ap	propriate line of Summary.

PAGE 41 / 45

OANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one)	e Pb
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.6137	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election: X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP C	ode 60611	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	od
25000.00	0.00 25000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M M D D D 2 2 2 2 2 2 2 2 2 3 0 0 7 1 2/31/08	0.00 % (apr) Yes X	No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	25000.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.	\dashv

PAGE 42 / 45

OANS	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) John H. Cox	Election: X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D 2 0 0 7 Y Y Y 12/31/08	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	nedule D, carry forward to appropriate line of Summary.

PAGE 43 / 45

LOANS	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	Trans	saction ID: SC/12.6139
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trails	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
10000.00	0.00	10000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 9 D D 2 0 0 7 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Only State 211 Sode	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City Code	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		10000.00
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	> <u>L.</u>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	opriate line of Summary.

PAGE 44 / 45 Use separate schedule(s)

LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	nsaction ID: SC/12.7036
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	IIai	Election: X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M D D D 2 0 2 0 0 7 12/31/08		0 % (apr) Yes X 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)	<u>•</u>	20000.00
TOTALS This Period (last page in this line only))	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to app	propriate line of Summary.

PAGE 45 / 45

LOANS	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	Trans	saction ID: SC/12.7037
LOAN SOURCE Full Name (Last, First, Middle Initial)	Truis	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Code	e 60611	
Original Amount of Loan Cumulative Payment To I		ce Outstanding at Close of This Period
10000.00	0.00	10000.00
Date Incurred Date Due	Interest F	Rate Secured:
11 03 2007 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	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	
	Amount	
City State ZIP Code	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)	<u> </u>	10000.00
TOTALS This Period (last page in this line only))	1055000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	dule D, carry forward to appr	opriate line of Summary.