

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 89

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

1. NAME OF COMMITTEE (in full) <b>COX 2008 COMMITTEE INC</b>		2. IDENTIFICATION NUMBER C00420224
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Post Office Box 5353		
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

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

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input checked="" type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input type="checkbox"/> October 20 <input type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input type="checkbox"/> November 20 <input type="checkbox"/> April 20 <input type="checkbox"/> August 20 <input type="checkbox"/> December 20 <input type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31
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Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

IS THIS REPORT AN AMENDMENT     YES     NO

5. COVERING PERIOD	FROM	THROUGH																						
	10/01/2007	12/31/2007																						
<b>SUMMARY</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....</td> <td style="text-align: right;">1963.63</td> </tr> <tr> <td>7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....</td> <td style="text-align: right;">31258.83</td> </tr> <tr> <td>8. SUBTOTAL (Lines 6 and 7) .....</td> <td style="text-align: right;">33222.46</td> </tr> <tr> <td>9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....</td> <td style="text-align: right;">31568.19</td> </tr> <tr> <td>10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....</td> <td style="text-align: right;">1654.27</td> </tr> <tr> <td>11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....</td> <td style="text-align: right;">1055000.00</td> </tr> <tr> <td>13. EXPENDITURES SUBJECT TO LIMITATION .....</td> <td style="text-align: right;">1076013.24</td> </tr> <tr> <td><b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b></td> <td></td> </tr> <tr> <td>14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....</td> <td style="text-align: right;">22167.51</td> </tr> <tr> <td>15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....</td> <td style="text-align: right;">1052409.98</td> </tr> </table>		6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	1963.63	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	31258.83	8. SUBTOTAL (Lines 6 and 7) .....	33222.46	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	31568.19	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	1654.27	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 LIMITATION .....	1076013.24	<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>		14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	22167.51	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	1052409.98
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I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer <b>Claremont Ruff</b>	Date 02/21/2008
Signature of Treasurer	

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

**For further information contact:** Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

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

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>COX 2008 COMMITTEE INC</b>		Report Covering the Period From: 10/01/2007 To: 12/31/2007	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	266.00	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)) .....	266.00	22167.51	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....	30000.00	1055000.00	
(b) Other Loans .....	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	30000.00	1055000.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating .....	492.83	4110.68	
(b) Fundraising .....	0.00	0.00	
(c) Legal and Accounting .....	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	492.83	4110.68	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	500.00	500.00	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	31258.83	1081778.19	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	31568.19	1056520.66	
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 .....	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	0.00	0.00	
29. OTHER DISBURSEMENTS .....	0.00	0.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	31568.19	1080123.92	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

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

3 / 89

<b>1. NAME OF COMMITTEE (in full)</b> <b>COX 2008 COMMITTEE INC</b>					
<b>ADDRESS (number and street)</b> Post Office Box 5353					
<b>CITY, STATE, and ZIP CODE</b> Buffalo Grove IL 60089			<b>2. IDENTIFICATION NUMBER</b> C00420224		

### ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	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
Iowa	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
			<b>TOTALS</b>	<b>0.00</b>	<b>256085.10</b>

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 89
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) William Benstson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
	Mailing Address 319 Laurens Street SW Unit A3		Amount of Each Receipt this Period 20.00
	City Aiken	State SC	
	FEC ID number of contributing federal political committee.		Contribution 30.00
	Name of Employer Unknown	Occupation Unknown	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		
			Transaction ID: SA17A.7027

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis J. Bonavita		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
	Mailing Address 2319 Caldwell Corners Road		Amount of Each Receipt this Period 25.00
	City Brookville	State PA	
	FEC ID number of contributing federal political committee.		Contribution 25.00
	Name of Employer McLean	Occupation Writer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		
			Transaction ID: SA17A.7034

<b>C.</b>	Full Name (Last, First, Middle Initial) Stuart King		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
	Mailing Address 2703 Summerhill Lane		Amount of Each Receipt this Period 100.00
	City Champaign	State IL	
	FEC ID number of contributing federal political committee.		Contribution 100.00
	Name of Employer Christie Clinic, PC	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		
			Transaction ID: SA17A.7043

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 89
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald S. Knopf		Date of Receipt
	Mailing Address 227 Midland Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 2 / 2 0 0 7
	City	State	Zip Code
	Findlay	OH	45840
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1.00
Name of Employer The University of Findlay		Occupation Director - Web & Technology Services	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1.00	Transaction ID: SA17A.7035

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy McMaster		Date of Receipt
	Mailing Address 225 East Butter Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 3 / 2 0 0 7
	City	State	Zip Code
	York	PA	17404
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer ABET, Inc.		Occupation IT Manager	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10.00	Transaction ID: SA17A.7041

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy McMaster		Date of Receipt
	Mailing Address 225 East Butter Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 7
	City	State	Zip Code
	York	PA	17404
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer ABET, Inc.		Occupation IT Manager	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 20.00	Transaction ID: SA17A.7045

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>21.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3P)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 89	
	(check only one)			
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Clayton Pippenger		Date of Receipt																					
	Mailing Address 1645 Maple Creek Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	9		2	0	0	7														
	City	State	Zip Code		Amount of Each Receipt this Period																			
	Carson City	NV	89701																					
FEC ID number of contributing federal political committee.		<input type="text"/>		<input type="text"/> 100.00																				
Name of Employer Navellier		Occupation CTIO		Contribution																				
Receipt For:      2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 100.00																						
				Transaction ID: SA17A.7040																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 266.00

**SCHEDULE A (FEC Form 3P)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 89
	(check only one)
<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) John H. Cox	Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 55 East Erie	Amount of Each Receipt this Period 20000.00
	City State Zip Code Chicago IL 60611	
	FEC ID number of contributing federal political committee.	Personal funds
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1045000.00	
		<b>Transaction ID:</b> SA19A.7036

<b>B.</b>	Full Name (Last, First, Middle Initial) John H. Cox	Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 55 East Erie	Amount of Each Receipt this Period 10000.00
	City State Zip Code Chicago IL 60611	
	FEC ID number of contributing federal political committee.	Personal funds
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1055000.00	
		<b>Transaction ID:</b> SA19A.7037

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	30000.00
<b>TOTAL</b> This Period (last page this line number only) .....	30000.00

**SCHEDULE A (FEC Form 3P)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 89	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Public Service of New Hampshire		Date of Receipt																					
	Mailing Address PO Box 360		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	7	/	2	0	0	7														
	City	State	Zip Code																					
	Manchester	NH	03105																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																						
		492.83																						
Name of Employer		Occupation		Return of deposit																				
Receipt For: 2008		Election Cycle-to-Date ▼																						
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	492.83																						
<input type="checkbox"/> Other (specify) ▼			Transaction ID: SA20A.7013																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	492.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	492.83



# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 89	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC
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<b>A.</b>	Full Name (Last, First, Middle Initial) Garrett for Senate Committee	Date of Receipt
	Mailing Address Post Office Box 505	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City State Zip Code Indianola IA 50125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text" value="500.00"/>
	Name of Employer Occupation	Reim. don. to Mitchell Ct- y. Rep. by Cox
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	Transaction ID: SA21.7032

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="500.00"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Adcock</p> <p>Mailing Address 101 North Wilmot Suite 400</p> <p>City Tuscon State AZ Zip Code 85711</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7019</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steve Adcock</p> <p>Mailing Address 101 North Wilmot Suite 400</p> <p>City Tuscon State AZ Zip Code 85711</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7020</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1 ADP Boulevard</p> <p>City Roseland State NJ Zip Code 07068</p> <p>Purpose of Disbursement Payroll services</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6959</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72.70"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="410.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6960 Date of Disbursement
	Mailing Address 1 ADP Boulevard	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll services	<input type="text" value="84.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.7010 Date of Disbursement
	Mailing Address 1 ADP Boulevard	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes	<input type="text" value="194.90"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6961 Date of Disbursement
	Mailing Address 1 ADP Boulevard	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll services	<input type="text" value="72.70"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="351.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB23.6962	
	Mailing Address 1 ADP Boulevard	Date of Disbursement 10 / 26 / 2007	
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period 78.00	
	Purpose of Disbursement Payroll services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB23.7011	
	Mailing Address 1 ADP Boulevard	Date of Disbursement 10 / 31 / 2007	
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period 194.90	
	Purpose of Disbursement Payroll taxes Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB23.7073	
	Mailing Address 1 ADP Boulevard	Date of Disbursement 11 / 02 / 2007	
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period 13.00	
	Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	

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

285.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6956 Date of Disbursement
	Mailing Address 1 ADP Boulevard	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
	Purpose of Disbursement Services	<input type="text" value="72.70"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6957 Date of Disbursement
	Mailing Address 1 ADP Boulevard	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
	Purpose of Disbursement Services	<input type="text" value="28.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Al's Music	Transaction ID: SB23.6963 Date of Disbursement
	Mailing Address Post Office Box 742	<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period
	Purpose of Disbursement Entertainment	<input type="text" value="120.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="220.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Artic Glacier Ice	Transaction ID: SB23.6846 Date of Disbursement 10 / 01 / 2007
	Mailing Address 2101 Pullman Street	Amount of Each Disbursement this Period 281.00
	City Ames State IA Zip Code 50010	
	Purpose of Disbursement Ice Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Danny Carlton	Transaction ID: SB23.6973 Date of Disbursement 10 / 13 / 2007
	Mailing Address 19724 East Pine #149	Amount of Each Disbursement this Period 50.00
	City Catoosa State OK Zip Code 74017	
	Purpose of Disbursement Salary Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Danny Carlton	Transaction ID: SB23.6974 Date of Disbursement 10 / 31 / 2007
	Mailing Address 19724 East Pine #149	Amount of Each Disbursement this Period 50.00
	City Catoosa State OK Zip Code 74017	
	Purpose of Disbursement Salary Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>381.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)  
Center for Aging Citizens, Inc.

Mailing Address

City State Zip Code

Purpose of Disbursement  
Donation

101  
Category/  
Type

Candidate Name  
John H. Cox

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6964  
Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Chase Bank

Mailing Address 825 West Euclid

City State Zip Code  
Palatine IL 60067

Purpose of Disbursement  
Wire charges

101  
Category/  
Type

Candidate Name  
John H. Cox

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7075  
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)  
Chase Bank

Mailing Address 825 West Euclid

City State Zip Code  
Palatine IL 60067

Purpose of Disbursement  
Wire charges

101  
Category/  
Type

Candidate Name  
John H. Cox

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7076  
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

12.00

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

524.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 89

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7078 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fees	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7079 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fees	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7016 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Various banking fees	<input type="text" value="160.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="184.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7008 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fee	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7009 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fee	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7081 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fees	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="36.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7082 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fees	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7083 Date of Disbursement
	Mailing Address 825 West Euclid	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fees	<input type="text" value="12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Colby Trust	Transaction ID: SB23.6966 Date of Disbursement
	Mailing Address 6581 University Avenue	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Des Moines State IA Zip Code 50311	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent - Iowa office - October	<input type="text" value="1176.82"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1200.82"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Colby Trust  Mailing Address 6581 University Avenue  City Des Moines State IA Zip Code 50311  Purpose of Disbursement Utilities - September and October Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6967 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 55.42  101 Category/ Type
B.	Full Name (Last, First, Middle Initial) Comcast  Mailing Address 4400 Belle Oakes Drive  City Charleston State SC Zip Code 29405  Purpose of Disbursement Cable service Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7071 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 157.35  101 Category/ Type
C.	Full Name (Last, First, Middle Initial) Comfort Inn  Mailing Address 2609 University Avenue  City Ames State IA Zip Code 50010  Purpose of Disbursement Lodging Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6842 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 403.16  101 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	615.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7047 Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising fees	<input type="text" value="1.95"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7048 Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising fees	<input type="text" value="15.75"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB23.6852 Date of Disbursement
	Mailing Address 1 Federal Express Drive	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Nashville State TN Zip Code 39240	Amount of Each Disbursement this Period
	Purpose of Disbursement Overnight Delivery	<input type="text" value="33.06"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gee Willie Entertainment  Mailing Address Post Office Box 881  City Ames State IA Zip Code 50010  Purpose of Disbursement Iowa Straw Poll - Entertainment Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6393 <b>Date of Disbursement</b> 10 / 01 / 2007	<b>Amount of Each Disbursement this Period</b> 238.50
<b>B.</b>	Full Name (Last, First, Middle Initial) Adam Graham  Mailing Address 2834 Abbs Lane  City Boise State ID Zip Code 83705  Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6953 <b>Date of Disbursement</b> 10 / 13 / 2007	<b>Amount of Each Disbursement this Period</b> 100.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Adam Graham  Mailing Address 2834 Abbs Lane  City Boise State ID Zip Code 83705  Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.6955 <b>Date of Disbursement</b> 10 / 31 / 2007	<b>Amount of Each Disbursement this Period</b> 50.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>388.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Stacy Harp	Transaction ID: SB23.7017 Date of Disbursement 10 / 13 / 2007
	Mailing Address 4315 West Chapman Avenue	Amount of Each Disbursement this Period 100.00
	City Orange State CA Zip Code 92868	
	Purpose of Disbursement Salary Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stacy Harp	Transaction ID: SB23.7018 Date of Disbursement 10 / 31 / 2007
	Mailing Address 4315 West Chapman Avenue	Amount of Each Disbursement this Period 50.00
	City Orange State CA Zip Code 92868	
	Purpose of Disbursement Salary Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Linda Harrington	Transaction ID: SB23.6995 Date of Disbursement 10 / 12 / 2007
	Mailing Address 2421 - 106th Street	Amount of Each Disbursement this Period 500.00
	City Albion State IA Zip Code 50005	
	Purpose of Disbursement Salary Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Linda Harrington	Transaction ID: SB23.6996 Date of Disbursement
	Mailing Address 2421 - 106th Street	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City Albion State IA Zip Code 50005	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="500.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Linda Harrington	Transaction ID: SB23.6998 Date of Disbursement
	Mailing Address 2421 - 106th Street	<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City Albion State IA Zip Code 50005	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="500.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Linda Harrington	Transaction ID: SB23.6999 Date of Disbursement
	Mailing Address 2421 - 106th Street	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City Albion State IA Zip Code 50005	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="500.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Linda Harrington</p> <p>Mailing Address 2421 - 106th Street</p> <p>City Albion State IA Zip Code 50005</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7001</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type 101</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Iowa Events Center</p> <p>Mailing Address 730 3rd Street</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Reagan Dinner Reception Hosting</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7051</p> <p>Date of Disbursement 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 272.60</p> <p>Category/Type 101</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lennie Jarrett</p> <p>Mailing Address 2306 North Tedy Lane</p> <p>City Round Lake Beach State IL Zip Code 60073</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6993</p> <p>Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>Category/Type 101</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>872.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)  
Lennie Jarrett

Mailing Address 2306 North Tedy Lane

City Round Lake Beach State IL Zip Code 60073

Purpose of Disbursement  
Salary

Candidate Name  
John H. Cox

Office Sought:  House  Senate  President  
State: District: 02

Disbursement For:  Primary  General  Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6994  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)  
Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Office expense reimbursement

Candidate Name  
John H. Cox

Office Sought:  House  Senate  President  
State: District: 02

Disbursement For:  Primary  General  Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.7003  
Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

70.09

C.

Full Name (Last, First, Middle Initial)  
Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Publicity

Candidate Name  
John H. Cox

Office Sought:  House  Senate  President  
State: District: 02

Disbursement For:  Primary  General  Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.7005  
Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1620.09

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6979 Date of Disbursement 10 / 15 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 375.00 101 Category/ Type

B.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6981 Date of Disbursement 10 / 31 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 375.00 101 Category/ Type

C.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6983 Date of Disbursement 10 / 31 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary - wire fee Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period -12.00 101 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>738.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6984</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6985</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-12.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6986</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="738.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6987 Date of Disbursement 12 / 03 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249	Amount of Each Disbursement this Period -12.00
Purpose of Disbursement Salary - wire fee		101 Category/ Type
Candidate Name John H. Cox		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6988 Date of Disbursement 12 / 14 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249	Amount of Each Disbursement this Period 375.00
Purpose of Disbursement Salary		101 Category/ Type
Candidate Name John H. Cox		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6989 Date of Disbursement 12 / 14 / 2007
	Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249	Amount of Each Disbursement this Period -12.00
Purpose of Disbursement Salary - wire fee		101 Category/ Type
Candidate Name John H. Cox		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>351.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6990 Date of Disbursement 12 / 31 / 2007
	Mailing Address 14500 Roadrunner Way #401	Amount of Each Disbursement this Period 375.00
	City San Antonio State TX Zip Code 78249	
	Purpose of Disbursement Salary Candidate Name John H. Cox Category/Type 101	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6991 Date of Disbursement 12 / 31 / 2007
	Mailing Address 14500 Roadrunner Way #401	Amount of Each Disbursement this Period -12.00
	City San Antonio State TX Zip Code 78249	
	Purpose of Disbursement Salary - wire fee Candidate Name John H. Cox Category/Type 101	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Microtel Inn and Suites	Transaction ID: SB23.6844 Date of Disbursement 10 / 01 / 2007
	Mailing Address 2216 Street 16th Street	Amount of Each Disbursement this Period 2048.38
	City Ames State IA Zip Code 50010	
	Purpose of Disbursement Lodging Candidate Name John H. Cox Category/Type 101	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2411.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) New Hampshire Secretary of State	Transaction ID: SB23.7006 Date of Disbursement
	Mailing Address State House Room 204	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period
	Purpose of Disbursement Filing fee - 2008 Primary	<input type="text" value="1000.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office of the Attorney General - Employer Maintenance	Transaction ID: SB23.7136 Date of Disbursement
	Mailing Address Post Office Box 10	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Austin State TX Zip Code 78767	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll - Utz	<input type="text" value="150.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office of the Attorney General - Employer Maintenance	Transaction ID: SB23.7135 Date of Disbursement
	Mailing Address Post Office Box 10	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Austin State TX Zip Code 78767	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Utz	<input type="text" value="150.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Penske Truck Leasing  Mailing Address 4101 E 14th Street  City Des Moines State IA Zip Code 50313  Purpose of Disbursement Truck leasing Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6849 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 246.68  Category/Type 101
B.	Full Name (Last, First, Middle Initial) Public Service of New Hampshire  Mailing Address PO Box 360  City Manchester State NH Zip Code 03105  Purpose of Disbursement Utilities - New Hampshire Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7015 Date of Disbursement 11 / 27 / 2007  Amount of Each Disbursement this Period 37.17  Category/Type 101
C.	Full Name (Last, First, Middle Initial) reimagine  Mailing Address P2310 Lochinvar Drive  City Durham State NC Zip Code 27705  Purpose of Disbursement Website Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6189 Date of Disbursement 10 / 10 / 2007  Amount of Each Disbursement this Period 1000.00  Category/Type 101

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

1283.85

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)  
reimagine

Mailing Address P2310 Lochinvar Drive

City Durham State NC Zip Code 27705

Purpose of Disbursement  
Website

101  
Category/  
Type

Candidate Name  
John H. Cox

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7069  
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Rent-A-Center

Mailing Address 222 Lincoln Way

City Ames State IA Zip Code 50010

Purpose of Disbursement  
Deposit and rental

101  
Category/  
Type

Candidate Name  
John H. Cox

Office Sought:  House  
 Senate  
 President  
State: District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6833  
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1250.00

C.

Full Name (Last, First, Middle Initial)  
Rent-A-Center

Mailing Address 222 Lincoln Way

City Ames State IA Zip Code 50010

Purpose of Disbursement  
Deposit

101  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6833.0  
Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

1100.00

[MEMO ITEM]

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

2250.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rent-A-Center  Mailing Address 222 Lincoln Way  City Ames State IA Zip Code 50010  Purpose of Disbursement Rental  Candidate Name John H. Cox  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6833.1 Date of Disbursement 08 / 10 / 2007  Amount of Each Disbursement this Period 150.00  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Republican Party of Iowa  Mailing Address 621 East Ninth Street  City Des Moines State IA Zip Code 50309  Purpose of Disbursement Straw Poll Tickes - golf cart rental  Candidate Name John H. Cox  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6851 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 850.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Republican Party of Texas  Mailing Address 900 Congress Avenue Suite 300  City Austin State TX Zip Code 78701  Purpose of Disbursement Convention Expenses  Candidate Name John H. Cox  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7065 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 350.00

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

1200.00

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6972 Date of Disbursement 10 / 15 / 2007
	Mailing Address 33 Ashland Street	Amount of Each Disbursement this Period 881.60
	City Manchester State NH Zip Code 03104	
	Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6969 Date of Disbursement 10 / 26 / 2007
	Mailing Address 33 Ashland Street	Amount of Each Disbursement this Period 144.24
	City Manchester State NH Zip Code 03104	
	Purpose of Disbursement Telephone reimbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6971 Date of Disbursement 10 / 31 / 2007
	Mailing Address 33 Ashland Street	Amount of Each Disbursement this Period 881.60
	City Manchester State NH Zip Code 03104	
	Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1907.44
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chris Richter  Mailing Address 33 Ashland Street  City Manchester State NH Zip Code 03104  Purpose of Disbursement Reimbursements - telephone termination f Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6970 Date of Disbursement 11 / 12 / 2007  Amount of Each Disbursement this Period 138.33  101 Category/ Type
B.	Full Name (Last, First, Middle Initial) Riverside Hotel  Mailing Address 620 East Las Olas Boulevard  City Fort Lauderdale State FL Zip Code 33301  Purpose of Disbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7067 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 296.18  101 Category/ Type
C.	Full Name (Last, First, Middle Initial) Joe Speranzella  Mailing Address 26759 Johnson Creek Road  City Crisfield State MD Zip Code 21817  Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6975 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 50.00  101 Category/ Type

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

484.51

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7128 Date of Disbursement
	Mailing Address 116 Golden Crest Court	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2000.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7128.0 Date of Disbursement
	Mailing Address 116 Golden Crest Court	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="2000.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7128.1 Date of Disbursement
	Mailing Address 116 Golden Crest Court	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fee	<input type="text" value="-12.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) True-South Communications SC LLC</p> <p>Mailing Address 116 Golden Crest Court</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Salary and expense reimbursement</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7129</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2313.14</p> <p>101 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) True-South Communications SC LLC</p> <p>Mailing Address 116 Golden Crest Court</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7129.0</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM]</p> <p>101 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) True-South Communications SC LLC</p> <p>Mailing Address 116 Golden Crest Court</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7129.1</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period -12.00</p> <p>[MEMO ITEM]</p> <p>101 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2313.14</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) SunCom Wireless	Transaction ID: SB23.7129.2 Date of Disbursement 11 / 02 / 2007
	Mailing Address Post Office Box 190028	Amount of Each Disbursement this Period 325.14
	City Charleston State SC Zip Code 29419	
	Purpose of Disbursement Telephone service Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7097 Date of Disbursement 11 / 05 / 2007
	Mailing Address 116 Golden Crest Court	Amount of Each Disbursement this Period 1008.09
	City Mauldin State SC Zip Code 29662	
	Purpose of Disbursement Office expenses Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB23.7097.0 Date of Disbursement 09 / 14 / 2007
	Mailing Address 550 Woods Lake Road	Amount of Each Disbursement this Period 67.84
	City Greenville State SC Zip Code 29607	
	Purpose of Disbursement Photocopies Candidate Name John H. Cox	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1008.09
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Office Depot - Greenville	Transaction ID: SB23.7097.1 Date of Disbursement 09 / 14 / 2007
	Mailing Address 101 Verdae Boulevard #1000 City Greenville State SC Zip Code 29607 Purpose of Disbursement Folders, ink cartridges Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 57.19 [MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB23.7097.2 Date of Disbursement 09 / 14 / 2007
	Mailing Address 550 Woods Lake Road City Greenville State SC Zip Code 29607 Purpose of Disbursement Business cards Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 90.03 [MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FedEx Kinko's - Greenville, SC	Transaction ID: SB23.7097.3 Date of Disbursement 09 / 25 / 2007
	Mailing Address 845 Mauldin Road City Greenville State SC Zip Code 29607 Purpose of Disbursement Overnight shipping Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 50.27 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Nathans  Mailing Address One Airport Drive  City Charlotte State NC Zip Code 28208  Purpose of Disbursement Lunch Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7097.4 Date of Disbursement 09 / 16 / 2007	Amount of Each Disbursement this Period 5.50  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Grillfish/Crust  Mailing Address 1444 Collins Avenue  City Miami State FL Zip Code 33139  Purpose of Disbursement Dinner Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7097.5 Date of Disbursement 09 / 16 / 2007	Amount of Each Disbursement this Period 47.24  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Big City  Mailing Address 609 East Las Olas Boulevard  City Fort Lauderdale State FL Zip Code 33301  Purpose of Disbursement Lunch Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7097.6 Date of Disbursement 09 / 17 / 2007	Amount of Each Disbursement this Period 6.36  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Riverside Hotel</p> <p>Mailing Address 620 East Las Olas Boulevard</p> <p>City Fort Lauderdale State FL Zip Code 33301</p> <p>Purpose of Disbursement Newspapers</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.7</p> <p>Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1.84</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 7-Eleven - Ft. Lauderdale</p> <p>Mailing Address 460 West Broward Boulevard</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.8</p> <p>Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 15.43</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Car Rental - Ft. Lauderdale</p> <p>Mailing Address 100 Aviation Boulevard</p> <p>City Fort Lauderdale State FL Zip Code 33315</p> <p>Purpose of Disbursement Car rental</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.9</p> <p>Date of Disbursement 09 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 117.36</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlotte Douglas Parking  Mailing Address 3501 Josh Birmingham Parkway  City Charlotte State NC Zip Code 28208  Purpose of Disbursement Parking Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.7097.10 <b>Date of Disbursement</b> 09 / 16 / 2007	Amount of Each Disbursement this Period 9.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Sweetwater Draft  Mailing Address 6000 North Terminal Parkway  City Atlanta State GA Zip Code 30320  Purpose of Disbursement Lunch Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.7097.11 <b>Date of Disbursement</b> 09 / 18 / 2007	Amount of Each Disbursement this Period 27.82  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address 295 North Maple  City Basking Ridge State NJ Zip Code 07920  Purpose of Disbursement Telephone service Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.7097.12 <b>Date of Disbursement</b> 10 / 15 / 2007	Amount of Each Disbursement this Period 103.12  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) SunCom Wireless</p> <p>Mailing Address Post Office Box 190028</p> <p>City Charleston State SC Zip Code 29419</p> <p>Purpose of Disbursement Cellular service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.13 <b>Date of Disbursement</b> 09 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 233.62</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dan Herren</p> <p>Mailing Address 116 Golden Crest Road</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Mileage - 09.16.07 - 09.20.07</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.14 <b>Date of Disbursement</b> 09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 178.89</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dan Herren</p> <p>Mailing Address 116 Golden Crest Road</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Late fee reduction</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7097.15 <b>Date of Disbursement</b> 09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period -4.93</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1 <hr/> City Palatine State IL Zip Code 60623 <hr/> Purpose of Disbursement Cellular telephone service Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6831 Date of Disbursement 10 / 01 / 2007
	Amount of Each Disbursement this Period 296.16
	Category/Type 101
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1 <hr/> City Palatine State IL Zip Code 60623 <hr/> Purpose of Disbursement Cellular phones Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7021 Date of Disbursement 10 / 01 / 2007
	Amount of Each Disbursement this Period 332.05
	Category/Type 101
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1 <hr/> City Palatine State IL Zip Code 60623 <hr/> Purpose of Disbursement Cell phones Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7022 Date of Disbursement 10 / 22 / 2007
	Amount of Each Disbursement this Period 46.24
	Category/Type 101
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	674.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7050 Date of Disbursement 10 / 25 / 2007
	Mailing Address PO Box 1	Amount of Each Disbursement this Period 318.59
	City Palatine State IL Zip Code 60623	
	Purpose of Disbursement Cellular service	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7023 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1	Amount of Each Disbursement this Period 47.91
	City Palatine State IL Zip Code 60623	
	Purpose of Disbursement Cell phones	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7064 Date of Disbursement 11 / 27 / 2007
	Mailing Address PO Box 1	Amount of Each Disbursement this Period 338.56
	City Palatine State IL Zip Code 60623	
	Purpose of Disbursement Telephone service	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>705.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7024 Date of Disbursement
	Mailing Address PO Box 1	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Palatine State IL Zip Code 60623	Amount of Each Disbursement this Period
	Purpose of Disbursement Cell phones	<input type="text" value="46.24"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Utz	Transaction ID: SB23.6976 Date of Disbursement
	Mailing Address 813 Pesch	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Rowan State IA Zip Code 50470	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="850.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Utz	Transaction ID: SB23.6977 Date of Disbursement
	Mailing Address 813 Pesch	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Rowan State IA Zip Code 50470	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="850.00"/>
	Candidate Name John H. Cox	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1746.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 89

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Utz</p> <p>Mailing Address 813 Pesch</p> <p>City Rowan State IA Zip Code 50470</p> <p>Purpose of Disbursement Reagan Dinner expenses</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7144</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 204.11</p> <p>101 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John Utz</p> <p>Mailing Address 813 Pesch</p> <p>City Rowan State IA Zip Code 50470</p> <p>Purpose of Disbursement Mileage</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7144.3</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 92.12</p> <p>[MEMO ITEM]</p> <p>101 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joe Van Ginkel</p> <p>Mailing Address 3378 110th Street</p> <p>City Cumming State IA Zip Code 50061</p> <p>Purpose of Disbursement Travel reimbursement</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7053</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 146.57</p> <p>101 Category/ Type</p>

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

**350.68**

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

# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 1</p> <p>City Worcester State MA Zip Code 01654-0001</p> <p>Purpose of Disbursement Telephone service - New Hampshire</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7025</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 142.75</p> <p>101 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6830</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 131.10</p> <p>101 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7049</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 131.20</p> <p>101 Category/Type</p>

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

405.05

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



# SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Vonage  Mailing Address 23 Main Street  City Holmdel State NJ Zip Code 07733  Purpose of Disbursement Telephone service Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7070 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 131.11
B.	Full Name (Last, First, Middle Initial) Vonage  Mailing Address 23 Main Street  City Holmdel State NJ Zip Code 07733  Purpose of Disbursement Telephone service Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7062 Date of Disbursement 11 / 22 / 2007  Amount of Each Disbursement this Period 98.52
C.	Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE #05  City Waukon State IA Zip Code 52172  Purpose of Disbursement Reimbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7002 Date of Disbursement 10 / 22 / 2007  Amount of Each Disbursement this Period 34.22

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

263.85

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

31422.84

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4100**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
25000.00	0.00	25000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 51 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4101**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

**TERMS**

Date Incurred MM DD YY YY 03 06 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	15000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4429**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
10000.00	0.00	10000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 53 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4432**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	20000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4433**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
20000.00	0.00	20000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 55 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4434**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

**TERMS**

Date Incurred MM DD YY 05 11 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	20000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 56 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4435**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

**TERMS**

Date Incurred M M 06 D D 20 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	15000.00
<b>TOTALS</b> 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.



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4457**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 14 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 58 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4456**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	Date Due	Interest Rate	Secured:
M M 07 D D 28 Y Y Y Y 2006	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>15000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 59 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4458**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 08 14 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	15000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 60 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4459**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY YY 08 28 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 89 FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding-left: 5px;">19a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 5px;">19b</td> </tr> </table>	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	19a				
<input type="checkbox"/>	19b				

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4460**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>0 9</td> <td>1 3</td> <td>2 0 0 6</td> </tr> </table>	M M	D D	Y Y Y Y	0 9	1 3	2 0 0 6	12/31/08	5.1 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
0 9	1 3	2 0 0 6							

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text" value=".00"/>

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 62 / 89
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4461**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	
Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 30000.00	

**TERMS**

Date Incurred MM DD YYYY 09 20 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	30000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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 63 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	
Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 25000.00	

<b>TERMS</b>	Date Incurred M M 09 D D 28 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	25000.00
<b>TOTALS</b> 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.		

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 64 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4782**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred M M 10 D D 12 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> 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.



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4783**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
20000.00	0.00	20000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>20000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 66 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 55 East Erie		
City Chicago State IL ZIP Code 60611		
Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00

<b>TERMS</b>	Date Incurred M M 1 1 D D 0 8 Y Y Y Y 2 0 0 6	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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 67 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4785**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred M M 11 D D 30 Y Y Y Y 2006	Date Due 12/31/08	Interest Rate 5.1 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 68 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4786**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
50000.00	0.00	50000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 69 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.4787**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	
Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 50000.00	

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 70 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5197**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
50000.00	0.00	50000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 71 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5198**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 01 16 2007	Date Due 12/31/2008	Interest Rate 5.10 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	40000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 72 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5199**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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 73 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5200**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 02 06 2007	Date Due 12/31/08	Interest Rate 5.10 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	20000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 74 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5201**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 02 12 2007	Date Due 12/31/08	Interest Rate 5.10 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	30000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 75 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5202**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
50000.00	0.00	50000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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 76 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5203**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 03 14 2007	Date Due 12/31/08	Interest Rate 5.10 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	50000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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 77 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5574**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 4 Y Y Y Y 2 0 0 7	12/31/08	0/00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 78 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5575**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred M M 04 D D 15 Y Y Y Y 2007	Date Due 12/31/08	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 79 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5576**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 0 2 Y Y Y Y 2 0 0 7	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>50000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 80 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5577**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 05 16 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> 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.



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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 81 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5578**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 13 Y Y Y Y 2007	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 82 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5579**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 06 14 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	25000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 83 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.5580**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred MM DD YY 06 30 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> 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.

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 84 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.6136**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
30000.00	0.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 31 Y Y Y Y 2007	12/31/08	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	30000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

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 85 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.6137**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 22 Y Y Y Y 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 86 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.6138**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 05 Y Y Y Y 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 87 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.6139**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 20 Y Y Y Y 2007	12/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 88 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
 COX 2008 COMMITTEE INC

**Transaction ID: SC/12.7036**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 East Erie	
City Chicago State IL ZIP Code 60611	

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

Date Incurred M M 10 D D 02 Y Y Y Y 2007	Date Due 12/31/08	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

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 89 / 89
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.7037

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John H. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 55 East Erie		
City Chicago State IL ZIP Code 60611		
Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00

<b>TERMS</b>	Date Incurred M M 11 D D 03 Y Y Y Y 2007	Date Due 12/31/08	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line 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.		