REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

1. NAME OF COMMITTEE (in full)
   TYPE OR PRINT
   Example: If typing, type over the lines.
   COX FOR CONGRESS

2. FEC IDENTIFICATION NUMBER ▼
   CITY ▼
   STATE ▼
   ZIP CODE ▼
   C00540021

3. IS THIS NEW AMENDED REPORT (N) OR AMENDED (A)
   NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
   (a) Quarterly Reports:
   [X] April 15 Quarterly Report (Q1)
   [ ] July 15 Quarterly Report (Q2)
   [ ] October 15 Quarterly Report (Q3)
   [ ] January 31 Year-End Report (YE)
   [ ] Termination Report (TER)

   (b) 12-Day PRE-Election Report for the:
   [ ] Primary (12P)
   [ ] General (12G)
   [ ] Runoff (12R)
   [ ] Convention (12C)
   [ ] Special (12S)
   Election on
   [ ] in the State of

   (c) 30-Day POST-Election Report for the:
   [ ] General (30G)
   [ ] Runoff (30R)
   [ ] Special (30S)
   Election on
   [ ] in the State of

5. Covering Period
   [M M] / [D D] / [Y Y Y Y]

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

DAVID COX

Signature of Treasurer

DAVID COX

[Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
## SUMMARY PAGE

of Receipts and Disbursements

### Write or Type Committee Name

COX FOR CONGRESS

Report Covering the Period: From: 01/01/2014 To: 03/31/2014

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period</strong></td>
<td><strong>Election Cycle-to-Date</strong></td>
</tr>
</tbody>
</table>

6. **Net Contributions (other than loans)**

   (a) **Total Contributions (other than loans)** (from Line 11(e))... 3165.00 3165.00

   (b) **Total Contribution Refunds** (from Line 20(d)) 0.00 0.00

   (c) **Net Contributions (other than loans)** (subtract Line 6(b) from Line 6(a))... 3165.00 3165.00

7. **Net Operating Expenditures**

   (a) **Total Operating Expenditures** (from Line 17) 6049.65 6049.65

   (b) **Total Offsets to Operating Expenditures** (from Line 14) 0.00 0.00

   (c) **Net Operating Expenditures** (subtract Line 7(b) from Line 7(a))... 6049.65 6049.65

8. **Cash on Hand at Close of Reporting Period** (from Line 27)... 3349.56

9. **Debts and Obligations Owed TO the Committee** (Itemize all on Schedule C and/or Schedule D) 0.00

10. **Debts and Obligations Owed BY the Committee** (Itemize all on Schedule C and/or Schedule D)... 3343.21

---

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100
<table>
<thead>
<tr>
<th>I. RECEIPTS</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. CONTRIBUTIONS (other than loans) FROM:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Itemized (use Schedule A)</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>(ii) Unitemized</td>
<td>2165.00</td>
<td>2165.00</td>
</tr>
<tr>
<td>(iii) TOTAL of contributions from individuals</td>
<td>3165.00</td>
<td>3165.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) The Candidate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) TOTAL CONTRIBUTIONS (other than loans)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(add Lines 11(a)(iii), (b), (c), and (d))</td>
<td>3165.00</td>
<td>3165.00</td>
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<tr>
<td>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</td>
<td></td>
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<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>13. LOANS:</td>
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<td></td>
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<tr>
<td>(a) Made or Guaranteed by the Candidate</td>
<td>3343.21</td>
<td>3343.21</td>
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<tr>
<td>(b) All Other Loans</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>(c) TOTAL LOANS</td>
<td>3343.21</td>
<td>3343.21</td>
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<tr>
<td>(add Lines 13(a) and (b))</td>
<td></td>
<td></td>
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<tr>
<td>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>15. OTHER RECEIPTS (Dividends, Interest, etc.)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>6508.21</td>
<td>6508.21</td>
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## II. DISBURSEMENTS

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<th></th>
<th>COLUMN A Total This Period</th>
<th>COLUMN B Election Cycle-to-Date</th>
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<td>17. OPERATING EXPENDITURES</td>
<td>6049.65</td>
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<tr>
<td>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
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<tr>
<td>19. LOAN REPAYMENTS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>20. REFUNDS OF CONTRIBUTIONS TO:</td>
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<td></td>
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<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>21. OTHER DISBURSEMENTS</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>6049.65</td>
<td>6049.65</td>
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## III. CASH SUMMARY

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
<td>2891.00</td>
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<tr>
<td>24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
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<tr>
<td>25. SUBTOTAL (add Line 23 and Line 24)</td>
<td>9399.21</td>
</tr>
<tr>
<td>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
<td>6049.65</td>
</tr>
<tr>
<td>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</td>
<td>3349.56</td>
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</table>
NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

A. Danielle Neetz
Mailing Address 936 Chickadee Dr

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Orange</td>
<td>FL</td>
<td>32127</td>
</tr>
</tbody>
</table>

FEC ID number of contributing federal political committee.
C

Name of Employer
Retired

Receipt For: 2014
Primary
Other (specify)

Election Cycle-to-Date
600.00

B. Gregg Smith
Mailing Address 520 W 21st St
Suite J2

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norfolk</td>
<td>VA</td>
<td>23517</td>
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FEC ID number of contributing federal political committee.
C

Name of Employer
Ameriprise

Receipt For: 2014
Primary
Other (specify)

Election Cycle-to-Date
500.00

C. Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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FEC ID number of contributing federal political committee.
C

Name of Employer

Receipt For:
Primary
Other (specify)

Election Cycle-to-Date

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

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

TRANSACTION ID: SA11AI.4123

DATE OF RECEIPT: 03/28/2014

AMOUNT OF EACH RECEIPT THIS PERIOD: 500.00

TRANSACTION ID: SA11AI.4146

DATE OF RECEIPT: 01/30/2014

AMOUNT OF EACH RECEIPT THIS PERIOD: 500.00

TRANSACTION ID: SA11AI.4146

DATE OF RECEIPT: 01/30/2014

AMOUNT OF EACH RECEIPT THIS PERIOD: 1000.00

AMOUNT OF EACH RECEIPT THIS PERIOD: 1000.00

FEC Schedule A (Form 3) (Revised 02/2009)
### NAME OF COMMITTEE (In Full)

**COX FOR CONGRESS**

#### A. DAVID COX

**Mailing Address** 1500 BEVILLE ROAD SUITE 606-102

**City** DAYTONA BEACH  
**State** FL  
**Zip Code** 32114  

**FEC ID number of contributing federal political committee.** C H4FL06022

**Name of Employer**  
**Occupation**  
**Receipt For:**  
- **Primary**  
- **General**  
- **Other (specify)**

**Date of Receipt** 01/08/2014  
**Transaction ID:** SA13A.4148

**Amount of Each Receipt this Period** 43.21

#### B. DAVID COX

**Mailing Address** 1500 BEVILLE ROAD SUITE 606-102

**City** DAYTONA BEACH  
**State** FL  
**Zip Code** 32114  

**FEC ID number of contributing federal political committee.** C H4FL06022

**Name of Employer**  
**Occupation**  
**Receipt For:**  
- **Primary**  
- **General**  
- **Other (specify)**

**Date of Receipt** 01/21/2014  
**Transaction ID:** SA13A.4145

**Amount of Each Receipt this Period** 1043.21

#### C. DAVID COX

**Mailing Address** 1500 BEVILLE ROAD SUITE 606-102

**City** DAYTONA BEACH  
**State** FL  
**Zip Code** 32114  

**FEC ID number of contributing federal political committee.** C H4FL06022

**Name of Employer**  
**Occupation**  
**Receipt For:**  
- **Primary**  
- **General**  
- **Other (specify)**

**Date of Receipt** 02/03/2014  
**Transaction ID:** SA13A.4151

**Amount of Each Receipt this Period** 300.00

---

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

**TOTAL** This Period (last page this line number only)……………………………………………….
SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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.

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<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>COX FOR CONGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>DAVID COX</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>1500 BEVILLE ROAD SUITE 606-102</td>
</tr>
<tr>
<td>City</td>
<td>DAYTONA BEACH</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>32114</td>
</tr>
<tr>
<td>FEC ID number of contributing federal political committee.</td>
<td>C H4FL06022</td>
</tr>
<tr>
<td>Name of Employer</td>
<td>Bethune Cookman University</td>
</tr>
<tr>
<td>Occupation</td>
<td>Professor</td>
</tr>
<tr>
<td>Receipt For:</td>
<td>2014</td>
</tr>
<tr>
<td>Election Cycle-to-Date</td>
<td>2243.21</td>
</tr>
<tr>
<td>Transaction ID</td>
<td>SA13A.4187</td>
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<tr>
<td>Amount of Each Receipt this Period</td>
<td>900.00</td>
</tr>
</tbody>
</table>

| Full Name (Last, First, Middle Initial) | DAVID COX |
| Mailing Address | 1500 BEVILLE ROAD SUITE 606-102 |
| City | DAYTONA BEACH |
| State | FL |
| Zip Code | 32114 |
| FEC ID number of contributing federal political committee. | C H4FL06022 |
| Name of Employer | Bethune Cookman University |
| Occupation | Professor |
| Receipt For: | 2014 |
| Election Cycle-to-Date | 2543.21 |
| Transaction ID | SA13A.4188 |
| Amount of Each Receipt this Period | 300.00 |

| Full Name (Last, First, Middle Initial) | DAVID COX |
| Mailing Address | 1500 BEVILLE ROAD SUITE 606-102 |
| City | DAYTONA BEACH |
| State | FL |
| Zip Code | 32114 |
| FEC ID number of contributing federal political committee. | C H4FL06022 |
| Name of Employer | Bethune Cookman University |
| Occupation | Professor |
| Receipt For: | 2014 |
| Election Cycle-to-Date | 2643.21 |
| Transaction ID | SA13A.4189 |
| Amount of Each Receipt this Period | 100.00 |

| SUBTOTAL of Receipts This Page (optional) | ......................................................... |
| TOTAL This Period (last page this line number only) | ......................................................... |

FEC Schedule A (Form 3) (Revised 02/2009)
### NAME OF COMMITTEE (In Full)

**COX FOR CONGRESS**

### A. Full Name (Last, First, Middle Initial)

**DAVID COX**  
Mailing Address: 1500 BEVILLE ROAD SUITE 606-102

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYTONA BEACH</td>
<td>FL</td>
<td>32114</td>
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</table>

**FEC ID number of contributing federal political committee.**  
C H4FL06022

**Name of Employer**  
Bethune Cookman University

**Occupation**  
Professor

**Receipt For:**  
2014  
Primary [X]  General [ ]  Other (specify) [ ]

**Date of Receipt**  
03/19/2014

**Transaction ID:**  
SA13A.4190

**Amount of Each Receipt this Period**  
$700.00

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

**Date of Receipt**  

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer**  

**Occupation**  

**Receipt For:**  
Primary [ ]  General [X]  Other (specify) [ ]

**Date of Receipt**  

**Amount of Each Receipt this Period**  

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

**Date of Receipt**  

**FEC ID number of contributing federal political committee.**  
C

**Name of Employer**  

**Occupation**  

**Receipt For:**  
Primary [ ]  General [ ]  Other (specify) [ ]

**SUBTOTAL** of Receipts This Page (optional)  
$700.00

**TOTAL** This Period (last page this line number only)  
$3343.21

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**Image# 14960701127**

FEC Schedule A (Form 3) (Revised 02/2009)
## SCHEDULE B (FEC Form 3)
### ITEMIZED DISBURSEMENTS

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 FOR CONGRESS

### Full Name (Last, First, Middle Initial)

**A. Brian Hopkins**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>2904 Cypress Ridge Tr</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Port Orange</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>32128</td>
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</table>

**Purpose of Disbursement**

Office Deposit

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- House
- Senate
- President

**Disbursement For:**

- 2014
- Primary
- General

<table>
<thead>
<tr>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
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<tr>
<td>M M / D D / Y Y Y Y</td>
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<td>01 / 24 / 2014</td>
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**Transaction ID:** SB17.4137

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**B. Brian Hopkins**

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<td>State</td>
<td>FL</td>
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<td>Zip Code</td>
<td>32128</td>
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**Purpose of Disbursement**

Rent

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- House
- Senate
- President

**Disbursement For:**

- 2014
- Primary
- General

<table>
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<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
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<td>M M / D D / Y Y Y Y</td>
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<td>02 / 03 / 2014</td>
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**Transaction ID:** SB17.4152

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**C. Brian Hopkins**

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<td>City</td>
<td>Port Orange</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>32128</td>
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**Purpose of Disbursement**

Office Rent

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- House
- Senate
- President

**Disbursement For:**

- 2014
- Primary
- General

<table>
<thead>
<tr>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
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<tr>
<td>M M / D D / Y Y Y Y</td>
<td>--------------------------------------</td>
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<td>03 / 03 / 2014</td>
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**Transaction ID:** SB17.4191

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

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<td>2500.00</td>
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**TOTAL This Period (last page this line number only):**

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<tbody>
<tr>
<td>2500.00</td>
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</table>
### SCHEDULE B (FEC Form 3)

**ITEMIZED DISBURSEMENTS**

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

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<th>FOR LINE NUMBER:</th>
<th>PAGE 10 OF 18</th>
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</thead>
<tbody>
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</table>

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#### NAME OF COMMITTEE (In Full)

COX FOR CONGRESS

#### A. Couchman Printing

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>1634 S Ridgewood</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>South Daytona</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>32119</td>
</tr>
</tbody>
</table>

**Purpose of Disbursement**

Letterhead/Envelopes/Business Cards

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- [x] House
- [ ] Senate
- [ ] President

**Disbursement For:**

- [x] Primary
- [ ] General
- [ ] Other (specify)

**State:** FL
**District:** 06

<table>
<thead>
<tr>
<th>Date of Disbursement</th>
<th>M M / D D / Y Y Y Y</th>
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<tr>
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</table>

**Amount of Each Disbursement this Period**

- **Transaction ID:** SB17.4170

- **Amount:** 366.36

#### B. FPL

<table>
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<th>FPL General Mail Facility</th>
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<tbody>
<tr>
<td>City</td>
<td>Miami</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>33188</td>
</tr>
</tbody>
</table>

**Purpose of Disbursement**

Letterhead/Envelopes/Business Cards

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- [x] House
- [ ] Senate
- [ ] President

**Disbursement For:**

- [x] Primary
- [ ] General
- [ ] Other (specify)

**State:** FL
**District:** 06

<table>
<thead>
<tr>
<th>Date of Disbursement</th>
<th>M M / D D / Y Y Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>02 / 19 / 2014</td>
</tr>
</tbody>
</table>

**Amount of Each Disbursement this Period**

- **Transaction ID:** SB17.4175

- **Amount:** 46.83

#### C. FPL

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>FPL General Mail Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Miami</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>33188</td>
</tr>
</tbody>
</table>

**Purpose of Disbursement**

Letterhead/Envelopes/Business Cards

**Candidate Name**

COX FOR CONGRESS

**Office Sought:**

- [x] House
- [ ] Senate
- [ ] President

**Disbursement For:**

- [x] Primary
- [ ] General
- [ ] Other (specify)

**State:** FL
**District:** 06

<table>
<thead>
<tr>
<th>Date of Disbursement</th>
<th>M M / D D / Y Y Y Y</th>
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<tbody>
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<td>02 / 19 / 2014</td>
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</tbody>
</table>

**Amount of Each Disbursement this Period**

- **Transaction ID:** SB17.4176

- **Amount:** 18.95

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

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

432.14
### SCHEDULE B (FEC Form 3)

**ITEMIZED DISBURSEMENTS**

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 FOR CONGRESS**

#### A. Nation Builder

- **Mailing Address**: 448 S. Hill St. Suite 200
- **City**: Los Angeles
- **State**: CA
- **Zip Code**: 90013
- **Purpose of Disbursement**: Campaign Software
- **Candidate Name**: COX FOR CONGRESS
- **Office Sought**: House
- **Disbursement For**: Primary
- **Amount of Each Disbursement this Period**: 399.00
- **Transaction ID**: SB17.4153

**Date of Disbursement**: 2014-02-07

#### B. Shores at Daytona

- **Mailing Address**: 2637 S Atlantic ave
- **City**: Daytona Beach
- **State**: FL
- **Zip Code**: 32118
- **Purpose of Disbursement**: Consultant Hotel
- **Candidate Name**: COX FOR CONGRESS
- **Office Sought**: House
- **Disbursement For**: Primary
- **Amount of Each Disbursement this Period**: 260.00
- **Transaction ID**: SB17.4198

**Date of Disbursement**: 2014-03-14

#### C. The Partnership LTD

- **Mailing Address**: 11 Pinchot Ct
- **City**: Amherst
- **State**: NY
- **Zip Code**: 14228
- **Purpose of Disbursement**: Consultant Fee
- **Candidate Name**: COX FOR CONGRESS
- **Office Sought**: House
- **Disbursement For**: Primary
- **Amount of Each Disbursement this Period**: 800.00
- **Transaction ID**: SB17.4192

**Date of Disbursement**: 2014-03-18

---

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

**TOTAL** This Period (last page this line number only).............................................................................
**LOAN SOURCE** Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]  
**DAVID COX**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>1500 BEVILLE ROAD SUITE 606-102</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>DAYTONA BEACH</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>32114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>43.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Payment To Date</td>
<td>0.00</td>
</tr>
<tr>
<td>Balance Outstanding at Close of This Period</td>
<td>43.21</td>
</tr>
</tbody>
</table>

**TERMS**  
Date Incurred: **01/08/2014**  
Date Due: **12/31/14**  
Interest Rate: 0.00 % (apr)  
Secured: No

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

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

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

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

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

**SUBTOTALS** This Period This Page (optional) .......................................................... **43.21**

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

Transaction ID: SC/10.4148
NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] Election: 2014
DAVID COX

<table>
<thead>
<tr>
<th>Loan Number</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Amount Guaranteed Outstanding</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>01/2014</td>
<td>12/31/14</td>
<td>1000.00</td>
<td>No</td>
</tr>
<tr>
<td>18</td>
<td>01/2015</td>
<td>12/31/15</td>
<td>1000.00</td>
<td>No</td>
</tr>
</tbody>
</table>

TERMS

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

1. Full Name (Last, First, Middle Initial) Name of Employer
   Mailing Address
   City State ZIP Code

2. Full Name (Last, First, Middle Initial) Name of Employer
   Mailing Address
   City State ZIP Code

3. Full Name (Last, First, Middle Initial) Name of Employer
   Mailing Address
   City State ZIP Code

4. Full Name (Last, First, Middle Initial) Name of Employer
   Mailing Address
   City State ZIP Code

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

TOTALS This Period (last page in this line only) ..........................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**SCHEDULE C  (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE (In Full)**
Cox for Congress

**USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY OF THE**
**DETAILED SUMMARY PAGE**

**NAME OF COMMITTEE (In Full)**  
Cox for Congress

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

**[PERSONAL FUNDS]**  

**Election:**  
Primary 2014

**Mailing Address**  
1500 Beville Road Suite 606-102

**City**  
Daytona Beach

**State**  
FL

**ZIP Code**  
32114

**Original Amount of Loan**  
300.00

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
300.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 03 2014</td>
<td>12/31/14</td>
<td>0.00 % (apr)</td>
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</table>

**Secured:**  
No

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

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

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

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

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

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

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

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

Transaction ID : SC/10.4151
SCHEDULE C  (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
COX FOR CONGRESS

Transaction ID : SC/10.4187

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election: 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>DAVID COX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1500 BEVILLE ROAD SUITE 606-102</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYTONA BEACH</td>
<td>FL</td>
<td>32114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>900.00</td>
<td>0.00</td>
<td>900.00</td>
</tr>
</tbody>
</table>

TERMS

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate (apr)</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 03 / 2014</td>
<td>12 / 31 / 14</td>
<td>0.00</td>
<td>No</td>
</tr>
</tbody>
</table>

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City: | State: | ZIP Code: |
   | | |

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City: | State: | ZIP Code: |
   | | |

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City: | State: | ZIP Code: |
   | | |

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City: | State: | ZIP Code: |
   | | |

SUBTOTALS This Period This Page (optional) ................................................................. ⊳ 900.00

TOTALS This Period (last page in this line only) ............................................................ ⊳

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
## SCHEDULE C  (FEC Form 3)
### LOANS

**NAME OF COMMITTEE (In Full)**
Cox For Congress

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

**Mailing Address**
1500 Beville Road Suite 606-102

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytona Beach</td>
<td>FL</td>
<td>32114</td>
</tr>
</tbody>
</table>

**Original Amount of Loan** 300.00
**Cumulative Payment To Date** 0.00
**Balance Outstanding at Close of This Period** 300.00

**TERMS**
- **Date Incurred**: 10/03/2014
- **Date Due**: 12/31/2014
- **Interest Rate**: 0.00%
- **Secured**: Yes

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

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

**SUBTOTALS** This Period This Page (optional) 300.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
SCHEDULE C  (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Cox for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] Election: 2014
David Cox

Mailing Address
1500 Beville Road Suite 606-102

City State ZIP Code
Daytona Beach FL 32114

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

Date Incurred Date Due Interest Rate Secured:

TERMS

03 / 10 / 2014 12/31/14 0.00 % (apr) No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ................................................................. 100.00

TOTALS This Period (last page in this line only) ..............................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
### SCHEDULE C (FEC Form 3)

**LOANS**

**NAME OF COMMITTEE (In Full)**  
COX FOR CONGRESS

**LOAN SOURCE**  
DAVID COX

**Mailing Address**  
1500 BEVILLE ROAD SUITE 606-102

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FL</td>
<td>32114</td>
</tr>
</tbody>
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- **Original Amount of Loan**: 700.00
- **Cumulative Payment To Date**: 0.00
- **Balance Outstanding at Close of This Period**: 700.00

**TERMS**

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<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
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<tbody>
<tr>
<td>03/19/2014</td>
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<td>0.00% (apr)</td>
</tr>
</tbody>
</table>

- **Secured**: No

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

1. **Full Name (Last, First, Middle Initial)**  
   DAVID COX
   **Mailing Address**  
   1500 BEVILLE ROAD SUITE 606-102
   **City** DAYTONA BEACH  
   **State** FL  
   **ZIP Code** 32114

2. **Full Name (Last, First, Middle Initial)**  
   DAVID COX
   **Mailing Address**  
   1500 BEVILLE ROAD SUITE 606-102
   **City** DAYTONA BEACH  
   **State** FL  
   **ZIP Code** 32114

3. **Full Name (Last, First, Middle Initial)**  
   DAVID COX
   **Mailing Address**  
   1500 BEVILLE ROAD SUITE 606-102
   **City** DAYTONA BEACH  
   **State** FL  
   **ZIP Code** 32114

4. **Full Name (Last, First, Middle Initial)**  
   DAVID COX
   **Mailing Address**  
   1500 BEVILLE ROAD SUITE 606-102
   **City** DAYTONA BEACH  
   **State** FL  
   **ZIP Code** 32114

---

**SUBTOTALS**  
This Period This Page (optional): 700.00

**TOTALS**  
This Period (last page in this line only): 3343.21

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