

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 DEC 17 AM 8:06

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 05 MAIL CENTER

C o x , f o r C o n g r e s s

ADDRESS (number and street)

1 5 0 0 B e v i l l e R o a d

(Check if address is changed)

S u i t e 6 0 6 - 1 0 2

D a y t o n a B e a c h

CITY

F L

STATE

3 2 1 1 4

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

I n f o @ c o x 2 0 1 4 . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . c o x 2 0 1 4 . c o m

2. DATE

1 2 / 0 6 / 2 0 1 2

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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*

Date

1 2 / 0 6 / 2 0 1 2

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

12030982150

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: D a v i d C o x

Candidate Party Affiliation: D e m Office Sought:  House  Senate  President State: F L District: 0 6

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation  Corporation w/o Capital Stock  Labor Organization  
 Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number C \_\_\_\_\_

12030982151

Write or Type Committee Name

Cox for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N / A

N / A

Mailing Address

[Mailing address grid]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name David Cox

Mailing Address 1500 Beville Road

Suite 606 - 102

Daytona Beach FL 32114

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 386-385-4269

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer David Cox

Mailing Address 1500 Beville Road

Suite 606 - 102

Daytona Beach FL 32114

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 386-385-4269

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - TD Bank]

Mailing Address

[Grid for Mailing Address Line 1 - 1060 West International Speedway]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - Daytona Beach, FL 32114]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address Line 1 - Empty]

[Grid for Mailing Address Line 2 - Empty]

[Grid for Mailing Address Line 3 - Empty]

CITY

STATE

ZIP CODE

12030982153

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
12/16/11  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JMK* 12/17/11  
 PREPARER DATE PREPARED

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