

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED. SECRETARY OF THE SENATE

06 JAN 31 PM 2:25

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: if typing, type over the lines

Friends of Ed Cox, Inc.

ADDRESS (number and street) 111 Washington Avenue

Check if different than previously reported. (ACC)

Albany

NY

12210

2. FEC IDENTIFICATION NUMBER

CD0411926

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

NEW (N)

OR

AMENDED (A)

NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- 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

10 01 2005 through 12 31 2005

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 Francis Calceagno

Signature of Treasurer [Handwritten Signature]

Electronically Filed by Francis Calceagno

Date 01 27 2006

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

Office Use Only

FEC FORM 3 (Revised 02/2005)

26020033175

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Ed Cox, Inc.

Report Covering the Period:

From:

MM
10DD
01YYYY
2005

To:

MM
12DD
31YYYY
2005

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	20744.00	328449.50
(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)).....	20744.00	328449.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	100664.49	1356442.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	163.69	341.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100500.80	1356101.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43629.50	
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).....	1271050.03	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Ed Cox, Inc.

Report Covering the Period: From:

M	M
10	01

Y	Y	Y	Y
2	0	0	5

 To:

M	M
12	31

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals.....

14650.00

267800.00

5344.00

59399.50

19994.00

327199.50

0.00

0.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACS).....

750.00

1250.00

0.00

0.00

- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(i), (b), (c), and (d))

20744.00

328449.50

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

85000.00

1085000.00

0.00

0.00

85000.00

1085000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

163.69

341.04

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

29.23

106.16

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

105936.92

1413896.70

26020033177

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100664.49	1356442.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	13625.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	100664.49	1370267.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38357.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	105936.92
25. SUBTOTAL (add Line 23 and Line 24).....	144293.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100664.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43629.50

26020033178

FEC FORM 3Z-1 (File with Form 3)

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Edward F. Cox		Candidate ID Number S6NY00227		
Name of Principal Campaign Committee Friends of Ed Cox, Inc.		Committee ID Number C C00411926		
Committee Address 111 Washington Avenue				
City Albany	State NY	ZIP 12210-		
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election				
	Primary		General	
1. Gross receipts of authorized committees	1379298.70		34600.00	
2. Aggregate amount of contributions from personal funds of the candidate	1085000.00		0.00	
3. Gross receipts minus the candidate's personal contributions	294298.70		34600.00	

26020033179

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

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

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Linton Baldwin

Mailing Address 825 5th Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Self Occupation Sportswriter

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
10 / 17 / 2005

Transaction ID: 60125.C1885

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Henry P. Buhel

Mailing Address 206 West Haviland Lane

City State Zip Code
Stamford CT 06903

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

Name of Employer Patterson & Belknap Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 11 / 2005

Transaction ID: 60125.C1834

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Albert J. Budney, Jr.

Mailing Address 6 Rippelton Road

City State Zip Code
Cazenovia NY 13035

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

Name of Employer Niagara Mohawk Power Corporation Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
10 / 18 / 2005

Transaction ID: 60125.C1892

Amount of Each Receipt this Period
400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1650.00

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

26020033180

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

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

FOR LINE NUMBER:		PAGE 7 / 48	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial)
A. John K. Castle

Mailing Address **150 East 58th Street
37th Floor**

City **New York** State **NY** Zip Code **10155**

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

Name of Employer **Castle Harlan, Inc.** Occupation **Chairman**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
10 / 11 / 2005

Transaction ID: **60125.C1832**

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

Full Name (Last, First, Middle Initial)
B. John J. Durante

Mailing Address **63-31 55th Avenue**

City **Maspeth** State **NY** Zip Code **11378**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 20 / 2005

Transaction ID: **60125.C1933**

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

Full Name (Last, First, Middle Initial)
C. Charles Evans

Mailing Address **521 Rivers Villie Road**

City **Greenwich** State **CT** Zip Code **06831**

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

Name of Employer **Info Requested** Occupation **Info Requested**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 05 / 2005

Transaction ID: **60125.C1827**

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

SUBTOTAL of Receipts This Page (optional) **4100.00**

TOTAL This Period (last page this line number only)

26020033181

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

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

FOR LINE NUMBER: PAGE 8 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Bridget S. Flanagan
Mailing Address 220 Anderson Hill Road
City State Zip Code
Purchase NY 10577-2101
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Homemaker Housewife
Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date 4200.00
Date of Receipt 10 / 06 / 2005
Transaction ID: 60125.C1831
Amount of Each Receipt this Period 2100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter M. Flanagan
Mailing Address 220 Anderson Hill Road
City State Zip Code
Purchase NY 10577-2101
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Dillon, Read & Company In- Retired
Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date 100.00
Date of Receipt 10 / 06 / 2005
Transaction ID: 60125.C1829
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter M. Flanagan
Mailing Address 220 Anderson Hill Road
City State Zip Code
Purchase NY 10577-2101
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Dillon, Read & Company In- Retired
Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date 2200.00
Date of Receipt 10 / 06 / 2005
Transaction ID: 60125.C1830
Amount of Each Receipt this Period 2100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4300.00
TOTAL This Period (last page this line number only)

26020033182

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

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

FOR LINE NUMBER: PAGE 3 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Christopher Forbes

Mailing Address 95 Old Dutch Road

City State Zip Code
Far Hills NJ 07831

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

Name of Employer Occupation
Forbes Inc. Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
10 / 18 / 2005

Transaction ID: 60125.C1911

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

B. Full Name (Last, First, Middle Initial)
Julia L. Kauffman

Mailing Address 5942 Overhill Circle

City State Zip Code
Shawnee Mission KS 66208

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

Name of Employer Occupation
Muriel McBrien/ Kauffman Found CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 18 / 2005

Transaction ID: 60125.C1893

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

C. Full Name (Last, First, Middle Initial)
Jedrey E. Laqueux

Mailing Address 51 Chestnut Street

City State Zip Code
Garden City NY 11530-6334

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

Name of Employer Occupation
Paterson, Belknap, Webb & Ty Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 04 / 2005

Transaction ID: 60125.C1826

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

26020033183

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

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

FOR LINE NUMBER: PAGE 10 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

A. Jeffrey Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 67 East La
City Stamford State CT Zip Code 06905
FEC ID number of contributing federal political committee. C
Name of Employer Patterson Barkup et al. Occupation Attorney
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00
Date of Receipt 10 / 12 / 2005
Transaction ID: 60125.C1846
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

B. Thomas Morrison
Full Name (Last, First, Middle Initial)
Mailing Address 78 Valley Forge Road
City Weston State CT Zip Code 06883
FEC ID number of contributing federal political committee. C
Name of Employer PBTT Occupation Lawyer
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00
Date of Receipt 10 / 13 / 2005
Transaction ID: 60125.C1851
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

C. Sheldon Tannen
Full Name (Last, First, Middle Initial)
Mailing Address 3 East 71st Street
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. C
Name of Employer Occupation Retired
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 250.00
Date of Receipt 10 / 13 / 2006
Transaction ID: 60125.C1863
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1750.00
TOTAL This Period (last page this line number only)

26020033184

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

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

FOR LINE NUMBER: PAGE 11 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Margaret Taylor

Mailing Address: 209 East 56th Street
Apartment 12-P

City: New York State: NY Zip Code: 10022-3705

FEC ID number of contributing federal political committee: C

Name of Employer: Homemaker Occupation: Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt: 10 / 17 / 2005
Transaction ID: 60125.C1884
Amount of Each Receipt this Period: 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lyvern A. Way

Mailing Address: 15 Doral Court

City: East Amherst State: NY Zip Code: 14051

FEC ID number of contributing federal political committee: C

Name of Employer: General Motors Occupation: Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 10 / 25 / 2005
Transaction ID: 60125.C1869
Amount of Each Receipt this Period: 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

TOTAL This Period (last page this line number only) ▶ 14650.00

26020033185

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

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

FOR LINE NUMBER:		PAGE 12 / 48	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial)
A. NBT/PAC State Fund

Mailing Address **Mr. Daryl R. Forsythe**
52 South Broad Street

City **Norwich** State **NY** Zip Code **13815**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
10 / 19 / 2005

Transaction ID: **6D125.C1931**

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

Full Name (Last, First, Middle Initial)
B. NBT/PAC State Fund

Mailing Address **Mr. Daryl R. Forsythe**
52 South Broad Street

City **Norwich** State **NY** Zip Code **13815**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
11 / 18 / 2005

Transaction ID: **6D125.C2D11**

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00

26020033186

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

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

FOR LINE NUMBER: PAGE 13 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Edward Cox

Mailing Address 111 Washington Avenue

City Albany State NY Zip Code 12210-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1030000.00

Date of Receipt
11 / 23 / 2005

Transaction ID: 60125.C1823

Amount of Each Receipt this Period
30000.00

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

NOTE: Personal Funds

B. Full Name (Last, First, Middle Initial)
Edward Cox

Mailing Address 111 Washington Avenue

City Albany State NY Zip Code 12210-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050000.00

Date of Receipt
12 / 20 / 2005

Transaction ID: 60125.C1824

Amount of Each Receipt this Period
20000.00

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

NOTE: Personal Funds

C. Full Name (Last, First, Middle Initial)
Edward Cox

Mailing Address 111 Washington Avenue

City Albany State NY Zip Code 12210-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1085000.00

Date of Receipt
12 / 27 / 2005

Transaction ID: 60125.C1825

Amount of Each Receipt this Period
35000.00

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

NOTE: Personal Funds

SUBTOTAL of Receipts This Page (optional) ▶ 85000.00

TOTAL This Period (last page this line number only) ▶ 85000.00

26020033187

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 49

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement Merchant Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E226
Date of Disbursement
10 / 05 / 2005

Amount of Each Disbursement this Period
3.88

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MERCHANT FEE

B. Full Name (Last, First, Middle Initial)
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement Merchant Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E244
Date of Disbursement
11 / 07 / 2005

Amount of Each Disbursement this Period
162.91

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MERCHANT FEES

C. Full Name (Last, First, Middle Initial)
American Express-Merchant

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement Merchant Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E252
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
4.19

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional) 170.98

TOTAL This Period (last page this line number only)

26020033188

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 48

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Aristotle

Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Software
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E259
Date of Disbursement 12 / 27 / 2005

Amount of Each Disbursement this Period 2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SOFTWARE

B. Cathy Blaney & Associates

Full Name (Last, First, Middle Initial)
Cathy Blaney & Associates

Mailing Address 355 Lexington Ave., Ste. 1001

City New York State NY Zip Code 10017-

Purpose of Disbursement Fundraising Consulting
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E245
Date of Disbursement 11 / 08 / 2005

Amount of Each Disbursement this Period 5862.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUNDRAISING CONSULTING

C. Gilibank

Full Name (Last, First, Middle Initial)
Gilibank

Mailing Address PO Box 5870

City New York State NY Zip Code 10163-

Purpose of Disbursement Merchant Fee
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E222
Date of Disbursement 10 / 03 / 2005

Amount of Each Disbursement this Period 134.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MERCHANT FEE

SUBTOTAL of Disbursements This Page (optional) ▶ 8417.02

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

26020033189

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 48

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

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

Mailing Address PO Box 5870

City New York State NY Zip Code 10163-

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E230
Date of Disbursement
10 / 11 / 2005

Amount of Each Disbursement this Period
13.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

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

Mailing Address PO Box 5870

City New York State NY Zip Code 10163-

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E241
Date of Disbursement
11 / 02 / 2005

Amount of Each Disbursement this Period
333.45

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MERCHANT FEE

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

Mailing Address PO Box 5870

City New York State NY Zip Code 10163-

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 60125.E247
Date of Disbursement
11 / 08 / 2005

Amount of Each Disbursement this Period
36.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

SUBTOTAL of Disbursements This Page (optional) 383.65

TOTAL This Period (last page this line number only)

26020033190

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 48

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Citibank

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5870

City New York State NY Zip Code 10163

Purpose of Disbursement Merchant Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E260
Date of Disbursement
MM / DD / YYYY
12 / 02 / 2005

Amount of Each Disbursement this Period
37.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MERCHANT FEE

B. Citibank

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5870

City New York State NY Zip Code 10163

Purpose of Disbursement Bank Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E253
Date of Disbursement
MM / DD / YYYY
12 / 08 / 2005

Amount of Each Disbursement this Period
6.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEES

C. Cornerstone Telephone Company

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 509

City Troy State NY Zip Code 12181

Purpose of Disbursement Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E225
Date of Disbursement
MM / DD / YYYY
10 / 05 / 2005

Amount of Each Disbursement this Period
494.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ **539.01**

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

26020033191

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 49

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Empire Solutions Consulting LLC

Mailing Address 111 Washington Ave.

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E223
Date of Disbursement
MM / DD / YYYY
10 / 05 / 2005

Amount of Each Disbursement this Period
12500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

B. Full Name (Last, First, Middle Initial)
Empire Solutions Consulting LLC

Mailing Address 111 Washington Ave.

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E248
Date of Disbursement
MM / DD / YYYY
11 / 23 / 2005

Amount of Each Disbursement this Period
12500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

C. Full Name (Last, First, Middle Initial)
Empire Solutions Consulting LLC

Mailing Address 111 Washington Ave.

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E256
Date of Disbursement
MM / DD / YYYY
12 / 23 / 2005

Amount of Each Disbursement this Period
8500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 33500.00

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

26020033192

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 48

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Huckaby Davis Lisker

Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: 001

Transaction ID: 60125.E236
Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

1385.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ACCOUNTING/COMPLIANCE SER-
VICES

B. Ikon Office Solutions

Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address PO Box 827457

City Philadelphia State PA Zip Code 19182-

Purpose of Disbursement
Equipment Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: 001

Transaction ID: 60125.E235
Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

84.78

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EQUIPMENT MAINTENANCE

C. Ikon Office Solutions

Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address PO Box 827457

City Philadelphia State PA Zip Code 19182-

Purpose of Disbursement
Equipment Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type: 001

Transaction ID: 60125.E257
Date of Disbursement

12 / 23 / 2005

Amount of Each Disbursement this Period

1132.92

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EQUIPMENT MAINTENANCE

SUBTOTAL of Disbursements This Page (optional)

2603.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 49

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Ikon Office Solutions

Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address PO Box 827457

City Philadelphia State PA Zip Code 19182-

Purpose of Disbursement
Equipment Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 60125.E258
Date of Disbursement
12 / 23 / 2005

Amount of Each Disbursement this Period
140.37

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EQUIPMENT MAINTENANCE

B. Irene Lyons

Full Name (Last, First, Middle Initial)
Irene Lyons

Mailing Address PO Box 504

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 60125.E227
Date of Disbursement
10 / 06 / 2005

Amount of Each Disbursement this Period
573.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

C. Irene Lyons

Full Name (Last, First, Middle Initial)
Irene Lyons

Mailing Address PO Box 504

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 60125.E237
Date of Disbursement
10 / 20 / 2005

Amount of Each Disbursement this Period
681.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) 1394.54

TOTAL This Period (last page this line number only)

26020033194

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Irene Lyons

Mailing Address PO Box 504

City Albany State NY Zip Code 12210-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E242
Date of Disbursement
MM / DD / YYYY
11 / 08 / 2005

Amount of Each Disbursement this Period
263.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

B. Full Name (Last, First, Middle Initial)
Malakoff Partners, Inc.

Mailing Address 1909 Woodall Rodgers Freeway
Suite 430

City Dallas State TX Zip Code 75201-

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E234
Date of Disbursement
MM / DD / YYYY
10 / 12 / 2005

Amount of Each Disbursement this Period
1600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTING

C. Full Name (Last, First, Middle Initial)
Patterson Belknap Webb & Tyler

Mailing Address 1133 Avenue of the Americas

City New York State NY Zip Code 10036-

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E239
Date of Disbursement
MM / DD / YYYY
10 / 27 / 2005

Amount of Each Disbursement this Period
2038.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ▶

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

3901.51

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 49

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial)
Patterson Belknap Webb & Tyler

Mailing Address 1133 Avenue of the Americas

City New York State NY Zip Code 10036-

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 60125.E251
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
2365.53

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL FEES

B. Full Name (Last, First, Middle Initial)
Patton Boggs LLP

Mailing Address 2550 M St., NW

City Washington State DC Zip Code 20037-

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 60125.E233
Date of Disbursement
10 / 12 / 2005

Amount of Each Disbursement this Period
578.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL FEES

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

Mailing Address 1385 Washington Ave.

City Albany State NY Zip Code 12206-

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 60125.E228
Date of Disbursement
10 / 07 / 2005

Amount of Each Disbursement this Period
215.39

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) 3159.46

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 48

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 1365 Washington Ave.

City Albany State NY Zip Code 12208-

Purpose of Disbursement

Payroll Service

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E229

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

62.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 1365 Washington Ave.

City Albany State NY Zip Code 12208-

Purpose of Disbursement

Payroll Taxes

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E238

Date of Disbursement

10 / 21 / 2005

Amount of Each Disbursement this Period

275.98

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 1365 Washington Ave.

City Albany State NY Zip Code 12208-

Purpose of Disbursement

Payroll Service

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60125.E240

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

3.19

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

381.73

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

26020033197

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	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)
Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: 60125.E243
Mailing Address 1365 Washington Ave.		Date of Disbursement
City Albany State NY Zip Code 12206-		MM / DD / YYYY 11 / 04 / 2005
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period
Candidate Name		86.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: 60126.E248
Mailing Address 1365 Washington Ave.		Date of Disbursement
City Albany State NY Zip Code 12206-		MM / DD / YYYY 11 / 10 / 2005
Purpose of Disbursement Payroll Service		Amount of Each Disbursement this Period
Candidate Name		82.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		PAYROLL SERVICE

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: 60126.E254
Mailing Address 1365 Washington Ave.		Date of Disbursement
City Albany State NY Zip Code 12206-		MM / DD / YYYY 12 / 12 / 2005
Purpose of Disbursement Payroll Service		Amount of Each Disbursement this Period
Candidate Name		48.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional)	196.85
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 49

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)
Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial)
A. Verizon Wireless

Mailing Address 226B Broadway

City New York State NY Zip Code 10024-

Purpose of Disbursement
Call Phone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E232
Date of Disbursement
10 / 12 / 2005

Amount of Each Disbursement this Period
1060.52

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL PHONE

Full Name (Last, First, Middle Initial)
B. White Knight Consulting

Mailing Address One Commerce Plaza
Suite 2001

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Political Consulting
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E231
Date of Disbursement
10 / 12 / 2005

Amount of Each Disbursement this Period
27470.72

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)
C. White Knight Consulting

Mailing Address One Commerce Plaza
Suite 2001

City Albany State NY Zip Code 12210-

Purpose of Disbursement
Political Consulting
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 60125.E249
Date of Disbursement
11 / 29 / 2005

Amount of Each Disbursement this Period
12500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional)	41031.24
TOTAL This Period (last page this line number only)	

26020033199

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 49

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Full Name (Last, First, Middle Initial) A. White Knight Consulting		Transaction ID: 60125.E255	
Mailing Address One Commerce Plaza Suite 2001		Date of Disbursement MM / DD / YYYY 12 / 23 / 2005	
City Albany	State NY	Zip Code 12210-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Political Consulting	Candidate Name	Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTING	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	100659.10

26020033200

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc.

Transaction ID: LS50702.C835

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox

Election: Primary General Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 02 2005	20081231	.0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	150000.00
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

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc.

Transaction ID: LS50702.C834

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox

Election: Primary General Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

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:
03 15 2005	20061231	.0000 % (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	Occupation	Amount Guaranteed Outstanding:
Edward F. Cox			0.00
Mailing Address 111 Washington Avenue			
City Albany State NY ZIP Code 12210-			
Full Name (Last, First, Middle Initial)	Name of Employer	Occupation	Amount Guaranteed Outstanding:
Mailing Address			
City State ZIP Code			
Full Name (Last, First, Middle Initial)	Name of Employer	Occupation	Amount Guaranteed Outstanding:
Mailing Address			
City State ZIP Code			
Full Name (Last, First, Middle Initial)	Name of Employer	Occupation	Amount Guaranteed Outstanding:
Mailing Address			
City State ZIP Code			

SUBTOTALS This Period This Page (optional) 25000.00

TOTALS This Period (last page in this line only)

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

26020033202

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc. Transaction ID: LS50702.C833

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 111 Washington Avenue	
City Albany State NY ZIP Code 12210-	

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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TERMS

Date Incurred 04 18 2005	Date Due 20081231	Interest Rate .0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	75000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 9, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26020033203

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Transaction ID: LS50702.C832

LOAN SOURCE Full Name (Last, First, Middle Initial)
Edward F. Cox

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

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

TERMS
Date Incurred 05/06/2005 Date Due 20061231 Interest Rate .0000 % (apr) Secured: Yes No

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

Table with 4 columns: 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) 50000.00

TOTALS This Period (last page in this line only)

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

26020033204

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 31 / 49

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Transaction ID: LS50702.C831

LOAN SOURCE Full Name (Last, First, Middle Initial)
Edward F. Cox

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05/13/2005	20061231	.0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00

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

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

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

SUBTOTALS This Period This Page (optional)	100000.00
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.

26020033205

SCHEDULE C (FEC Form 3)

LOANS

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

FDR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

Transaction ID: LS50702.CB30

LOAN SOURCE Full Name (Last, First, Middle Initial)

Edward F. Cox

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

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 05 18 2005	Date Due 20061231	Interest Rate .0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	

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

26020033206

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Transaction ID: LS50702.C829

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 111 Washington Avenue		
City Albany	State NY	ZIP Code 12210-
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 D D Y Y Y Y Y Y 05 23 2005	Date Due 20061231	Interest Rate .0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	-

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

26020033207

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 34 / 48

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Transaction ID: LSS0702.C829

LOAN SOURCE Full Name (Last, First, Middle Initial)
Edward F. Cox

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

Electronic: Primary General Other (specify) ▼

Original Amount of Loan 75000.00

Cumulative Payment To Date 0.00

Balance Outstanding at Close of This Period 75000.00

TERMS

Date Incurred 06/01/2005 Date Due 20061231 Interest Rate .0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) 75000.00

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.

26020033208

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc. Transaction ID: LS51010.C1205

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox Election: Primary General Other (specify) Mailing Address 111 Washington Avenue City Albany State NY ZIP Code 12210

Original Amount of Loan 125000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 125000.00

TERMS Date Incurred 07 14 2005 Date Due 20061231 Interest Rate .0000 % (apr) Secured: Yes No

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

SUBTOTALS This Period This Page (optional) 125000.00 TOTALS This Period (last page in this line only)

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

26020033209

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Friends of Ed Cox, Inc. Transaction ID: LS51010.C1673

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 111 Washington Avenue	
City Albany State NY ZIP Code 12210-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08/04/2005	20061231	.0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	75000.00
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.

26020033210

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 48
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (in full)
 Friends of Ed Cox, Inc. Transaction ID: LS61010.C1709

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 111 Washington Avenue	
City Albany State NY ZIP Code 12210-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

TERMS

Date Incurred DB 11 2005	Date Due 20061231	Interest Rate .0000 % (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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	65000.00
TOTALS This Period (last page in this line only)	65000.00

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

26020033211

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 36 / 49

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

Transaction ID: LS51010.C1732

LOAN SOURCE Full Name (Last, First, Middle Initial)
Edward F. Cox

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

Original Amount of Loan 10000.00

Cumulative Payment To Date 0.00

Balance Outstanding at Close of This Period 10000.00

TERMS

Date Incurred 08 28 2005

Date Due 20081231

Interest Rate .0000 % (apr)

Secured: Yes No

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

Full Name (Last, First, Middle Initial) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) 10000.00

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.

26020033212

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc. Transaction ID: LS51010.C1744

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox Election: Primary General Other (specify) Mailing Address 111 Washington Avenue City Albany State NY ZIP Code 12210-

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

TERMS Date Incurred 09/08/2005 Date Due 20061231 Interest Rate .0000 % (apr) Secured: Yes No

Table with 4 columns: 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) 50000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26020033213

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full) Friends of Ed Cox, Inc.

Transaction ID: LS51010.C1774

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 111 Washington Avenue	
City Albany State NY ZIP Code 12210	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS

Date Incurred 09/23/05	Date Due 20081231	Interest Rate .0000 % (spr)	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) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	100000.00
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.	

26020033214

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc. Transaction ID: LS60125.C1823

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox Election: Primary General Other (specify) Mailing Address 111 Washington Avenue City Albany State NY ZIP Code 12210

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

TERMS Date Incurred 11/23/05 Date Due 20081231 Interest Rate .0000 % (apr) Secured: Yes No

Table with 4 columns: 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) 30000.00 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.

26020033215

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full) Friends of Ed Cox, Inc.

Transaction ID: LS60125.C1824

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox

Election: Primary General Other (specify) ▼

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

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

TERMS

Date Incurred 12/20/2005 Date Due 20081231 Interest Rate .0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial) Edward F. Cox	Name of Employer
Mailing Address 111 Washington Avenue	Occupation
City Albany State NY ZIP Code 12210-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	1

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

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) Friends of Ed Cox, Inc.

Transaction ID: LS6D125.C1B25

LOAN SOURCE Full Name (Last, First, Middle Initial) Edward F. Cox

Election: Primary General Other (specify)

Mailing Address 111 Washington Avenue

City Albany State NY ZIP Code 12210-

Original Amount of Loan 36000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 35000.00

TERMS Date Incurred 12/27/2005 Date Due 20061231 Interest Rate .0000 % (apr) Secured: Yes No

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

Table with 4 columns: 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) 36000.00 TOTALS This Period (last page in this line only) 1085000.00

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

26020033217

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

8
 10

NAME OF COMMITTEE (in Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Decision Strategies Group

Nature of Debt (Purpose):
001 Political Consulting

Mailing Address One Commerce Plaza
Suite 2001

City State ZIP Code
Albany NY 12210-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E268

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

32139.00

0.00

32139.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
White Knight Consulting

Nature of Debt (Purpose):
001 Political Consulting

Mailing Address One Commerce Plaza
Suite 2001

City State ZIP Code
Albany NY 12210-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E231

27470.72

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

17500.00

44970.72

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
111 Washington Ave. LLC

Nature of Debt (Purpose):
001 Rent

Mailing Address c/o Picotte Companies
20 Corporate Woods Blvd.

City State ZIP Code
Albany NY 12211-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E273

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

7928.02

0.00

7928.02

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

40067.02

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

26020033218

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

8
 10

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs LLP

Nature of Debt (Purpose):
001 Legal Fees

Mailing Address 2550 M St., NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E233

578.80

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

4439.57

578.80

4439.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cathy Blaney & Associates

Nature of Debt (Purpose):
003 Fundraising Consulting/Coaching

Mailing Address 355 Lexington Ave., Ste. 1001

City State ZIP Code
New York NY 10017-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E245

13802.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

18660.33

5002.55

26590.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RJ LaChance Advertising LLC

Nature of Debt (Purpose):
001 Political Consulting

Mailing Address 1015 Waterman Avenue

City State ZIP Code
East Providence RI 02914-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E263

5500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

3000.00

0.00

6500.00

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

39519.57

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

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2)** and 3) and carry forward to appropriate line of Summary Page (last page only)

26020033219

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FDR LINE NUMBER:
(check only one)

8
 10

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ronco Communications

Nature of Debt (Purpose):
001 Equipment

Mailing Address 501 New Karner Rd.

City State ZIP Code
Albany NY 12205-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E270

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

36.70

0.00

36.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kurt Pelton/MMC

Nature of Debt (Purpose):
001 Political Consulting

Mailing Address 219 Curry Hill Rd.

City State ZIP Code
Sloansville NY 12160-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E264

7021.73

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

20698.73

0.00

27718.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Newswire

Nature of Debt (Purpose):
001 Research

Mailing Address National Press Bldg., Ste. 1230

City State ZIP Code
Washington DC 20045-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E271

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

5000.00

0.00

5000.00

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

32755.16

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Olsen & Shuvalov

Nature of Debt (Purpose):
003 Direct Mail

Mailing Address 1609 Shoal Creek Blvd., #208

City State ZIP Code
Austin TX 78701-

Outstanding Balance Beginning This Period

48811.42

Transaction ID: LS60125.E265

Amount Incurred This Period

2956.51

Payment This Period

0.00

Outstanding Balance at Close of This Period

49767.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Evergreen Printing & Graphics

Nature of Debt (Purpose):
003 Printing

Mailing Address 309 Fifth Ave., Ste. 407

City State ZIP Code
New York NY 10018-

Outstanding Balance Beginning This Period

1520.42

Transaction ID: LS60125.E265

Amount Incurred This Period

162.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

1683.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joshua Gilder

Nature of Debt (Purpose):
002 Travel

Mailing Address 8100 Lilly Stone Dr.

City State ZIP Code
Bethesda MD 20817-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS60125.E269

Amount Incurred This Period

319.01

Payment This Period

0.00

Outstanding Balance at Close of This Period

319.01

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

51770.31

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
X 10

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jackson-Alvarez

Nature of Debt (Purpose):
001 Research

Mailing Address 7777 Leesburg Pike

City State ZIP Code
Falls Church VA 22043-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E274

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

15850.00

0.00

15850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Huckaby Davis Lisker

Nature of Debt (Purpose):
001 Accounting/Compliance Services

Mailing Address 228 S. Washington St., Ste. 115

City State ZIP Code
Alexandria VA 22314-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E236

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

5876.10

1385.41

4290.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cornerstone Telephone Company

Nature of Debt (Purpose):
001 Telephone Service

Mailing Address PO Box 509

City State ZIP Code
Troy NY 12181-

Outstanding Balance Beginning This Period

Transaction ID: LS60125.E225

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1258.32

494.99

763.33

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

20904.02

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Ed Cox, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ikon Financial Services

Nature of Debt (Purpose):
001 Equipment Maintenance

Mailing Address PO Box 9115

City State ZIP Code
Macon GA 31208

Outstanding Balance Beginning This Period
0.00

Transaction ID: LSB0125.E272

Amount Incurred This Period
1033.95

Payment This Period
0.00

Outstanding Balance at Close of This Period
1033.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Malakoff Partners, Inc.

Nature of Debt (Purpose):
003 Fundraising Consulting

Mailing Address 1909 Woodall Rodgers Freeway
Suite 430

City State ZIP Code
Dallas TX 75201

Outstanding Balance Beginning This Period
1600.00

Transaction ID: LS60125.E234

Amount Incurred This Period
0.00

Payment This Period
1600.00

Outstanding Balance at Close of This Period
0.00

1) SUBTOTALS This Period This Page (optional).....	1033.95
2) TOTALS This Period (last page this line number only).....	186050.03
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	1085000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1217050.03

26020033223

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

01-31-06

Date of Receipt

USPS FIRST CLASS MAIL

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USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

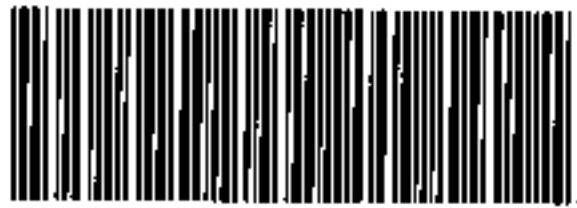
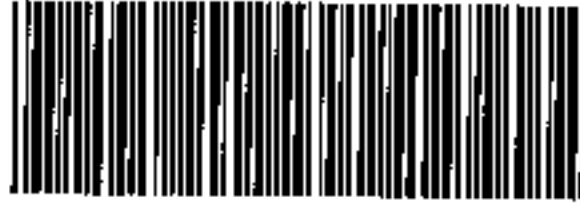
PREPARER

RD

DATE PREPARED

01-31-06

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