

CHRISTOPHER COX
CONGRESSIONAL COMMITTEE

SECTION
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEB 10 12 23 PM '97

January 31, 1997

Federal Election Commission
999 F Street, N.W.
Washington, D.C. 20463

Dear Sir or Madam:

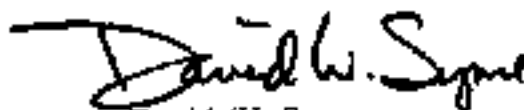
Enclosed is the January 31 Year End Report of Receipts and Disbursements on FEC Form 3 for filing.

I have enclosed an additional copy of the report. Would you please stamp it received and return to me for my records in the enclosed envelope.

If you have any correspondence regarding the enclosed report please send it to my attention. If you have any questions which can be answered by phone, please do not hesitate to contact me at (714) 699-3670 or by facsimile at (714) 837-6427.

Thank you for your assistance.

Sincerely,



David W. Syme
Treasurer
Christopher Cox Congressional Committee

Enclosures



REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
STATE ROOM

Feb 10 12 23 PM '97

| | | |
|---|----------------------------------|--|
| 1. NAME OF COMMITTEE (in full) Christopher Cox Congressional Committee | | 2. FEC IDENTIFICATION NUMBER C00223297 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. Post Office Box 8088C | | 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| CITY, STATE and ZIP CODE Newport Beach, CA 92658 | STATE/DISTRICT CA/47th | |

4. TYPE OF REPORT

| | |
|---|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ In the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input checked="" type="checkbox"/> January 31 Year End Report | _____ in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 5. Covering Period <u>11-26-96</u> through <u>12-31-96</u> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 21537.87 | 478082.62 |
| (b) Total Contribution Refunds (from Line 20(d)) | -0- | 1050.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 21537.87 | 477032.62 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 24774.30 | 248195.60 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 781.88 | 1230.67 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 23992.42 | 246964.93 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 663039.04 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | -0- | |

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David W. Syre

Signature of Treasurer Date
1-24-97

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

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

| Name of Committee (In full) | Report Covering the Period: | | |
|---|-------------------------------|-----------------------------------|----------|
| Christopher Cox Congressional Committee | From: 11-26-96 | To: 12-31-96 | |
| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Calendar Year-To-Date | |
| 11. CONTRIBUTIONS (other than loans) FROM: | | | |
| (a) Individuals/Persons Other Than Political Committees | | | |
| (i) Itemized (use Schedule A) | 15531.37 | | 11(a) |
| (ii) Unitemized | 2656.50 | | 11(b) |
| (iii) Total of contributions from individuals | 18187.87 | 260207.94 | 11(a)(b) |
| (b) Political Party Committees | -0- | -0- | 11(c) |
| (c) Other Political Committees (such as PACs) | 3350.00 | 217874.68 | 11(d) |
| (d) The Candidate | -0- | -0- | 11(e) |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) | 21537.87 | 478082.62 | 11(e) |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | -0- | -0- | 12 |
| 13. LOANS: | | | |
| (a) Made or Guaranteed by the Candidate | -0- | -0- | 13(a) |
| (b) All Other Loans | -0- | -0- | 13(b) |
| (c) TOTAL LOANS (add 13(a) and (b)) | -0- | -0- | 13(c) |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 781.88 | 1230.67 | 14 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 3255.61 | 19654.36 | 15 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | 25575.36 | 498967.65 | 16 |
| II. DISBURSEMENTS | | | |
| 17. OPERATING EXPENDITURES | 24774.30 | 248195.60 | 17 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | -0- | -0- | 18 |
| 19. LOAN REPAYMENTS: | | | |
| (a) Of Loans Made or Guaranteed by the Candidate | -0- | -0- | 19(a) |
| (b) Of All Other Loans | -0- | -0- | 19(b) |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) | -0- | -0- | 19(c) |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | | |
| (a) Individuals/Persons Other than Political Committees | -0- | 50.00 | 20(a) |
| (b) Political Party Committees | -0- | -0- | 20(b) |
| (c) Other Political Committees (such as PACs) | -0- | 1000.00 | 20(c) |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) | -0- | 1050.00 | 20(d) |
| 21. OTHER DISBURSEMENTS | 12000.00 | 170450.00 | 21 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) | 36774.30 | 419695.60 | 22 |
| III. CASH SUMMARY | | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | \$ | 674237.98 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ | 25575.36 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) | \$ | 699813.34 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | \$ | 36774.30 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ | 663039.04 | 27 |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 6
FOR LINE NO. 11mi

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------------|-------------------------------------|------------------------------------|
| Philip E. Arnold 169 The Masters Circle Costa Mesa CA 92627-4640 | N/A | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | Aggregate Year-to-Date > \$ 900.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert W. Bein 2711 Pebble Drive Corona del Mar CA 92625-1516 | Robert Bein, William Frost Assoc. | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Civil Engineer | Aggregate Year-to-Date > \$ 700.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph Boskovich 4147 Oak Place Drive Westlake Village CA 91362-5133 | Boskovich Farms Incorporated | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Felicia Bukaty 1726 Shady Brook Drive Fullerton CA 92631-1878 | N/A | 12-24-96 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | Aggregate Year-to-Date > \$ 275.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John L. Cashion 1927 Bayside Drive Corona del Mar CA 92625-1846 | Cashion Investments | 12-24-96 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | Aggregate Year-to-Date > \$ 1000.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard A. Conn 11507 Skipwich Lane Potomac MD 20854-1642 | Latham & Watkins | 12-24-96 | 550.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ 550.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William M. Crosby 1024 West Bay Avenue Newport Beach CA 92661-1015 | Barnes, Crosby & Fitzgerald | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ 450.00 | |

SUBTOTAL of Receipts This Page (optional)..... 3500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NO. 11B1

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|----------------------------------|-------------------------------------|------------------------------------|
| Richard C. Elliott 23 Harbor Island Newport Beach CA 92660-7201 | N/A | 11-26-96 | 100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | Aggregate Year-to-Date > \$ 350.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Patrick C. Hadan 1525 Wilson Avenue San Marino CA 91108-2364 | Riordan & McKinzie | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ 550.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Duy Henley 14251 Niwasa Lane Tustin CA 92780-2334 | Aeronil Engineering Company Inc. | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 450.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert A. Kleist 7 Cherbourg Newport Beach CA 92660-6807 | Printnixon, Inc. | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 1000.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jorge E. Lujan 34321 Amber Lantern Dana Point CA 92629 | Newport Center Medical | 12-24-96 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | Aggregate Year-to-Date > \$ 250.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lucia Ann Lujan 34321 Amber Lantern Dana Point CA 92629 | Self Employed | 12-24-96 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Restaurateur | Aggregate Year-to-Date > \$ 250.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Harry T. Marcindale 1015 Granville Drive Newport Beach CA 92660-6205 | N/A | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | Aggregate Year-to-Date > \$ 1100.00 | |

SUBTOTAL of Receipts This Page (optional)..... 2150.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules (e) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code Vincent J. McGuinness 1901 Ocean Way Laguna Beach CA 92651-3237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer McGuinness Companies Occupation Executive Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 350.00 |
|---|--|-------------------------------------|---|
| B. Full Name, Mailing Address and ZIP Code Peter G. Muth 2233 Westwood Avenue Santa Ana, CA 92706-1925 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Orco Block Company Occupation Executive Aggregate Year-to-Date > \$ 452.05 | Date (month, day, year) 12-12-96 | Amount of Each Receipt this Period 452.05 <i>(In Kind/Evt Catering)</i> |
| C. Full Name, Mailing Address and ZIP Code Safi U. Qureshey 11741 Skyline Drive Santa Ana CA 92705-3145 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer AST Research, Inc. Occupation Executive Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 500.00 |
| D. Full Name, Mailing Address and ZIP Code Walter S. Rados 5672 Highgate Terrace Irvine CA 92612-3509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Steve P. Rados Inc. Occupation Contractor Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 350.00 |
| E. Full Name, Mailing Address and ZIP Code Larry T. Smith 3 Dakmont Lane Newport Beach CA 92660-5216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer MHI Real Company Occupation Investor Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 500.00 |
| F. Full Name, Mailing Address and ZIP Code Julian M. Whitaker 134 Starcrest Irvine CA 92612-3627 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Whitaker Wellness Institute Occupation Physician Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 500.00 |
| G. Full Name, Mailing Address and ZIP Code Michael W. Asaly 1065 Moria Street Laguna Beach CA 92651-3529 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Southern Calif. Portable Xray Occupation Executive Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 350.00 |

SUBTOTAL of Receipts This Page (optional)..... **3002.05**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **Christopher Cox Congressional Committee** FEC ID No. **C00223297**

| | | | |
|---|--|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code David W. Berby 26 Agia Laguna Niguel CA 92677-8608</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Lathan & Watkins</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 675.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 400.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Anthony A. duPont 2180 Calle Frescoata La Jolla CA 92037-3002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer duPont Aerospace Company, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1250.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Carol duPont 2180 Calle Frescoata La Jolla CA 92037-3002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer duPont Aerospace Company, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1250.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Frank W. Lynch 1933 Altura Drive Corona del Mar CA 92625-1828</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 1500.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Rick Nuth 20355 Amapola Orange, CA 92869-2213</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Orco Block Company</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1587.65</p> | <p>Date (month, day, year) 12-12-96</p> | <p>Amount of Each Receipt this Period 587.65</p> <p>InKind/Evt Expenses</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Peer A. Swan 7 Terroza Drive Newport Coast CA 92657-1510</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Pacific Scientific</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Manuel T. Padilla 19041 Chedbourne Lane Santa Ana CA 92705-2827</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 800.00</p> | <p>Date (month, day, year) 12-24-96</p> | <p>Amount of Each Receipt this Period 350.00</p> |

SUBTOTAL of Receipts This Page (optional)..... **2837.65**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NO. 11a1

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|----------------------------------|------------------------------------|------------------------------------|
| E.J. Quilligan 24 Urey Court Irvine CA 92612-4045 | Long Beach Medical Center | 12-24-96 | 100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | Aggregate Year-to-Date > \$ 800.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| M. William Dultz 169 Shorecliff Road Corona del Mar CA 92625-2657 | Travco Travel Corp. of America | 12-24-96 | 100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 350.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert Jastron 10468 Lindbrook Drive Los Angeles CA 90024-3330 | Mt. Wilson Institute | 12-24-96 | 200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | Aggregate Year-to-Date > \$ 950.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ramon S. Peretti 74 Galaxy Irvine CA 92612-5706 | Capital Reserve Advisors, Inc. | 12-24-96 | 700.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investment Manager | Aggregate Year-to-Date > \$ 700.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| E.P. Swoot 315 East Bay Front Balboa Island CA 92662-1317 | Helco International Corp. | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 350.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John M. Tettmer 1978 Port Seabourne Newport Beach CA 92660 | Self Employed | 12-24-96 | 200.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Engineer | Aggregate Year-to-Date > \$ 450.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ellis M. Yarnell 58 Pienza Laguna Niguel CA 92677-8624 | N/A | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | Aggregate Year-to-Date > \$ 350.00 | |

SUBTOTAL of Receipts This Page (optional)..... 2000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------|-------------------------------------|------------------------------------|
| Adolf Schoepe 1410 Raymond Avenue Fullerton CA 92831 | FluidMaster, Inc. | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 1000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert B. Lewis 626 Via Lido Nord Newport Beach CA 92663-5521 | Foothill Beverage Company | 12-24-96 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 2000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mario E. Antonini 11374 Tuxford Street San Valley CA 91352 | Angelus Block Company, Inc. | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Earmarked contributions next 2 records Rockwell International, Inc. Good Gov. Comm. 625 Liberty Avenue Pittsburgh, PA 15222 | N/A | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ | \$41.67/Memo |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert G. Christiansen 29332 Tierce Laguna Niguel CA 92677-1635 | Rockwell International | 12-24-96 | 16.67 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 123.37 | Earmarked |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Timothy J. Donnelly 2300 Arbutus Street Newport Beach CA 92660-4140 | Rockwell International | 12-24-96 | 25.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | Aggregate Year-to-Date > \$ 275.00 | Earmarked |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 2041.67 |
| TOTAL This Period (last page this line number only)..... | 15531.37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full) **Christopher Cox Congressional Committee** FEC ID No. **C00223297**

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-------------------|-------------------------------------|------------------------------------|
| International Council of Shopping Centers PAC 1033 North Fairfax Street Suite 404 Alexandria VA 22314-1540 | N/A | 12-24-96 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ 1000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| NCI Telecommunications PAC 1801 Pennsylvania Avenue, NW Washington DC 20006-3606 | N/A | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ 500.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Action Fund of Lehman Brothers, Inc. 300 Connecticut Avenue, NW Suite 1200 Washington DC 20006-2709 | N/A | 12-24-96 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ 1000.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| The Doctors' Company Federal PAC Post Office Box 2900 Hapa CA 94558-0900 | N/A | 12-24-96 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ 850.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| The Irving Company Employees PAC/Federal 550 Newport Center Drive Newport Beach CA 92660 | N/A | 12-24-96 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ 500.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

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|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| TOTAL This Period (last page this line number only)..... | 3350.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full) FBC ID No. C00223297
Christopher Cox Congressional Committee

| | | | | |
|--|--|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Mini Mailers 17332 Von KARMAN , Suite 115 Irvine, CA 92714 | | Name of Employer Printing Refund | Date (month, day, year) 12-24-96 | Amount of Each Receipt this Period 781.88 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation N/A | Aggregate Year-To-Date \$ | |
| B. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |
| C. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |
| D. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |
| E. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional) | 781.88 |
| TOTAL This Period (last page this line number only) | 781.88 |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full) **Christopher Cox Congressional Committee** FEC ID No. **CD0223297**

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------|-------------------------|------------------------------------|
| City National Bank 4685 MacArthur Court Newport Beach, CA 92660 | N/A | 11-29-96 | 1545.75 |
| | | 12-31-96 | 1709.86 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Income | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | N/A | | |
| Aggregate Year-To-Date | | \$ | |

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|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 3255.61 |
| TOTAL This Period (last page this line number only) | 3255.61 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full) FEC ID No. C00223297
Christopher Cox Congressional Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Electro Rent Corporation Post Office Box 53686 Los Angeles, CA 90074-3686 | Printer Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-3-96 | 260.62 |
| B. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 First Street, S.E. Washington, D.C. 20003 | Purpose of Disbursement Campaign Event Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-27-96 | 603.67 |
| C. Full Name, Mailing Address and ZIP Code Hyatt Regency Irvine 17900 Jamboree Road Irvine, CA 92714 | Purpose of Disbursement Campaign Event Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-18-96 | 2256.82 |
| D. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Van Nuys, CA 91388 | Purpose of Disbursement Campaign Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-20-96 | 103.10 |
| E. Full Name, Mailing Address and ZIP Code U.S. Postmaster 3091 Sunflower Avenue Santa Ana, CA 92799 | Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-12-96 | 760.00 |
| F. Full Name, Mailing Address and ZIP Code David W. Syms 25321 Fairgreen Mission Viejo, CA 92692 | Purpose of Disbursement Campaign Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-20-96 | 1000.00 |
| G. Full Name, Mailing Address and ZIP Code Mini Mailers 17332 Von Karman, Suite 115 Irvine, CA 92714 | Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-4-96 | 1399.96 |
| H. Full Name, Mailing Address and ZIP Code Staples Post Office Box 8801 Dayton, OH 45401 | Purpose of Disbursement Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-2-96 | 189.80 |
| I. Full Name, Mailing Address and ZIP Code Kenny the Printer 17931 Sky Park Circle Irvine, CA 92714 | Purpose of Disbursement Brochure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-9-96 | 1664.74 |

SUBTOTAL of Disbursements This Page (optional) 8246.75

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

| | | |
|---|--------------------|------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE: 2 | OF 3 |
| | FOR LINE NUMBER 17 | |

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) Christopher Cox Congressional Committee | | FEC ID No. C00223297 | |
| A. Full Name, Mailing Address and ZIP Code Netcom 2 North 2nd Street San Jose, CA 95113 | Purpose of Disbursement <u>Research</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-9-96 | Amount of Each Disbursement This Period 39.90 |
| B. Full Name, Mailing Address and ZIP Code Towne Mailing Service 3401 West MacArthur Blvd. Santa Ana, CA 92704 | Purpose of Disbursement <u>Printing and Mailing</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-3-96 | Amount of Each Disbursement This Period 3148.46 |
| C. Full Name, Mailing Address and ZIP Code Mailing & Marketing, Inc. 324 West Blueridge Avenue Orange, CA 92865 | Purpose of Disbursement <u>Postage</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-13-96 | Amount of Each Disbursement This Period 3796.48 |
| D. Full Name, Mailing Address and ZIP Code Dean McGrath 6117 Woodmont Road Alexandria, VA 22307 | Purpose of Disbursement <u>Campaign Consulting</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-1-96 | Amount of Each Disbursement This Period 1666.66 |
| E. Full Name, Mailing Address and ZIP Code Federal Express 2650 Thousand Oaks Blvd. Memphis, TN 38118 | Purpose of Disbursement <u>Package Delivery</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-9-96 | Amount of Each Disbursement This Period 252.25 |
| F. Full Name, Mailing Address and ZIP Code Diane DeVora 327 Deerfield Irvine, CA 92606 | Purpose of Disbursement <u>Campaign Consulting</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-20-96 | Amount of Each Disbursement This Period 500.00 |
| G. Full Name, Mailing Address and ZIP Code Randi Bronk 17 Gunnison Irvine, CA 92612 | Purpose of Disbursement <u>Payroll</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-2-96 12-16-96 12-20-96 | Amount of Each Disbursement This Period 1282.76 1526.74 1174.25 |
| H. Full Name, Mailing Address and ZIP Code City National Bank 4635 MacArthur Court Newport Beach, CA 92660 | Purpose of Disbursement <u>Payroll Taxes</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-2-96 | Amount of Each Disbursement This Period 1407.04 |
| I. Full Name, Mailing Address and ZIP Code Rick Muth 20155 Anapola Orange, CA 92869 | Purpose of Disbursement <u>Campaign Event Exp's</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 12-12-96 | Amount of Each Disbursement This Period 587.65 In-Kind |
| SUBTOTAL of Disbursements This Page (optional) | | | 15374.19 |
| TOTAL This Period (last page this line number only) | | | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

| | | |
|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | 3 | 3 |
| FOR LINE NUMBER | | 17 |

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|------------------------------|---|
| Peter G. Nuth 2233 Westwood Avenue Santa Ana, CA 92706 | Campaign Event Exp's Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12-12-96 | 452.05 In-Kind |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| UNITEMIZED EXPENSES | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11-26-96 thru 12-31-96 | 701.31 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1153.36 |
| TOTAL This Period (last page this line number only) | 24774.30 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends of Dolly Madison McKenna 2535 Times Boulevard Houston, TX 77005 | TX/25th Dist. YTD\$1000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff | 12-6-96 | 1000.00 |
| B. Full Name, Mailing Address and ZIP Code Friends of Steve Stockman Post Office Box 57135 webster, TX 77598 | Purpose of Disbursement TX/9th Dist. YTD\$2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff | 12-9-96 | 1000.00 |
| C. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First street, SE Washington, DC 20003 | Purpose of Disbursement Transfer Excess Funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General FEC Reg 11CFR \$113.2(c) <input type="checkbox"/> Other (specify) YTD107500 | 12-6-96 | 10000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) 12000.00

TOTAL This Period (last page this line number only) 12000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

1/31/97

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

ML

PREPARER

2/10/97

DATE PREPARED