

CHRISTOPHER COX
CONGRESSIONAL COMMITTEE

RECEIVED
FEDERAL ELECTIC.
COMMISSION MAIL ROOM

JUL 31 11 05 AM '99

July 28, 1999

Ms. Lisa Simpson
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Lisa:

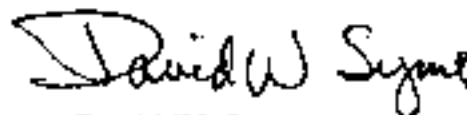
Enclosed is the July 31 Mid-Year Report of Receipts and Disbursements on FEC Form 3 for filing.

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 MAIL ROOM

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) Christopher Cox Congressional Committee | | 2. FEC IDENTIFICATION NUMBER JUL 31 1999 35 III '99 C09223297 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. Post Office Box 3088C | | |
| CITY, STATE and ZIP CODE Newport Beach, CA 92658 | STATE/DISTRICT CA/47th Dist. | 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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 type="checkbox"/> January 31 Year End Report | _____ in the State of _____ |
| <input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for 2000 Primary Election 1998 & 2000 General Election Special Election Runoff Election

SUMMARY

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 1-1-99 through 6-30-99 | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 155130.40 | 155130.40 |
| (b) Total Contribution Refunds (from Line 20(d)) | -0- | -0- |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 155130.40 | 155130.40 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 56284.04 | 56284.04 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 159.00 | 159.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 56125.04 | 56125.04 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 1086071.05 | |
| 9. Debts and Obligations Owed TO the Committee (Items all on Schedule C and/or Schedule D) | -0- | |
| 10. Debts and Obligations Owed BY the Committee (Items 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. Syme

Signature of Treasurer

David W. Syme

Date

7-28-99

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

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

| Name of Committee (in full) Christopher Cox Congressional Committee | Report covering the Period | | |
|-------------------------------------------------------------------------------|-------------------------------|-----------------------------------|------------|
| | From 1-1-99 | To 6-30-99 | |
| 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) | 74575.00 | | 11(a)(i) |
| (ii) Unitemized | 7159.00 | | 11(a)(ii) |
| (iii) Total of contributions from individuals | 81734.00 | 81734.00 | 11(a)(iii) |
| (b) Political Party Committees | -0- | -0- | 11(b) |
| (c) Other Political Committees (such as PACs) | 73396.40 | 73396.40 | 11(c) |
| (d) The Candidate | -0- | -0- | 11(d) |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) | 155130.40 | 155130.40 | 11(e) |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 909569.27 | 909569.27 | 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.) | 159.00 | 159.00 | 14 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 12929.66 | 12929.66 | 15 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | 1077788.33 | 1077788.33 | 16 |
| II. DISBURSEMENTS | | | |
| 17. OPERATING EXPENDITURES | 55498.04 | 55498.04 | 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- | -0- | 20(a) |
| (b) Political Party Committees | -0- | -0- | 20(b) |
| (c) Other Political Committees (such as PACs) | -0- | -0- | 20(c) |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) | -0- | -0- | 20(d) |
| 21. OTHER DISBURSEMENTS | 31786.00 | 31786.00 | 21 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) | 87284.04 | 87284.04 | 22 |
| III. CASH SUMMARY | | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | \$ | 95566.76 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ | 1077788.33 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) | \$ | 1173355.09 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | \$ | 87284.04 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ | 1086071.05 | 27 |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

FBC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|------------------------------------|
| David Anderson 10061 Signet Circle Huntington Beach CA 92646-6639 | N/A | 4-9-99 4-9-99 6-1-99 | 100.00 50.00 100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ | 250.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John A. Becker 102 Merlin Avenue North Tarrytown NY 10591 | Self Employed | 6-17-99 | 700.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Consultant | | |
| | 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 |
| Robert W. Bein 2711 Pebble Drive Corona del Mar CA 92625-1516 | Robert Bein, William Frost Assoc. | 4-9-99 | 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 > \$ | 350.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John M. Billings 665 Via Lido Sound Newport Beach CA 92663-5528 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ | 250.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| R. Lucile Billings 665 Via Lido Sound Newport Beach CA 92663-5528 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | 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 |
| William C. Bottger 1187 Glen Oaks Boulevard Pasadena CA 91105 | Glendale Police Department | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Law Enforcement | | |
| | Aggregate Year-to-Date > \$ | 500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gregory P. Brakovich 81 Emerald Bay Laguna Beach CA 92651-1252 | Equitable Distributors, Inc. | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ | 250.00 | |

SUBTOTAL of Receipts This Page (optional)..... 2550.00

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

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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 Susan Brakovich 81 Emerald Bay Laguna Beach CA 92651-1252</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code John D. Caldwell 2975 East Valley Road Santa Barbara CA 93108</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer TRM</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code John B. J. Campbell 18672 Via Palatino Irvine CA 92612-3401</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Saturn of Orange County</p> <p>Occupation Sales</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Robert C. Campbell 1400 Club View Drive Los Angeles CA 90024-5306</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Alice Campbell 1400 Club View Drive Los Angeles CA 90024-5306</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Lennart L. Carlson 11 Silver Pine Newport Coast CA 92657-1527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Smooth-Bar Plastics</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Judith Carlson 11 Silver Pine Newport Coast CA 92657-1527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Smooth Bar Plastics</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |

SUBTOTAL of Receipts This Page (optional) 2100.00

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

PEC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|------------------------------------|
| Jay Cernahan 227 Driftwood Road Corona del Mar CA 92625 | CMG Commercial Real Estate | 6-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | Aggregate Year-to-Date > \$ 500.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Melody P. Carruth 25466 Nellie Gail Road Laguna Hills CA 92653-6308 | City of Laguna Hills | 6-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Elected Official/Councilwoman | 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 |
| Tacey Clausen 1111 1/2 North Bay Front Balboa Island CA 92662 | Once Is Not Enough | 6-23-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Small Business Owner | Aggregate Year-to-Date > \$ 250.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard R. Clifton 2475 Makiki Heights Drive Honolulu HI 96822-2547 | Codes, Schutte, Fleming & Wright | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | 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 |
| Barney G. Corbin 110 South La Senda South Laguna CA 92677-3345 | Self Employed | 6-1-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | 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 |
| Donald J. Crevier 3 Lagunita Laguna Beach CA 92651-4234 | Crevier BMW | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Auto Dealer | Aggregate Year-to-Date > \$ 350.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert B. Crevier 2901 Ocean Boulevard Corona del Mar CA 92625-3219 | Crevier BMW | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Auto Dealer | Aggregate Year-to-Date > \$ 350.00 | |

SUBTOTAL of Receipts This Page (optional)..... **3450.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FBC ID No. C00223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|------------------------------------|
| Robert A. Denk 22515 Hummingbird Lane Lake Forest CA 92630-3223 | R.A. Denk Construction Management | 5-14-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Construction Manager | | |
| | 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 |
| Narlon H. Devick 1806 Tradewinds Lane Newport Beach CA 92660-3809 | N/A | 4-9-99 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ethel Dudzik 2400 Sierra Vista Newport Beach CA 92660-3626 | N/A | 4-15-99 | 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 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Cline C. Duff 1112 Cerritos Drive Fullerton CA 92835-4020 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Marilyn W. Duff 1112 Cerritos Drive Fullerton CA 92835-4020 | Self Employed | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Writer | | |
| | 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 |
| Robert L. Esott 25 Bay Island Balboa CA 92661-1124 | N/A | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas B. Evans 1111 Brandon Lane Wilmington DE 19807 | The Evans Group, LTD. | 4-26-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | Aggregate Year-to-Date > \$ 350.00 | | |

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2350.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 25

FOR LINE NO. 11ai

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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 Robert Fallon 232 Via Genoa Newport Beach CA 92663-4639</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Southland Steel</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Mary Fallon 232 Via Genoa Newport Beach CA 92663-4639</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code David F. Faustman 15 Comistas Court Walnut Creek CA 94598</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Faustman, Carlton, DiSante & Et</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Juan Y. Forster 12245 Circula Panorama Santa Ana CA 92705-1376</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Hunway Refining Co.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code George F. Fry Post Office Box 685 Wilson WY 83014-0685</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 > \$ 1000.00</p> | <p>Date (month, day, year) 2-25-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code William C. Goodrich 26755 West Haven Drive Laguna Hills CA 92653-5769</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer United Agribusiness League</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Brian L. Gwartz 1537 North Kennyshead Street Orange CA 92669-1747</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Self-employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 650.00</p> | <p>Date (month, day, year) 4-15-99 4-23-99</p> | <p>Amount of Each Receipt this Period 300.00 350.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 3650.00

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 6 OF 25

FOR LINE NO. 11a1

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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 James T. Hamilton 1821 Port Abbey Place Newport Beach CA 92660-5311</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer James T. Hamilton, M.D.</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 2-25-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code David C. Hasbrouck 1613 Chelsea Road, Apt. 34B San Marino CA 91108-2419</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Cushman & Wakefield</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Elizabeth E. Hasbrouck 1613 Chelsea Road, Apt. 34B San Marino CA 91108-2419</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Pacific Life Insurance Company PAC 700 Newport Center Drive Newport Beach, CA 92660</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Earmarked Contribution</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period NEHD 500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Robert G. Haskell 115 Via Waziers Newport Beach CA 92663-5517</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Pacific Mutual Life Insurance</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 500.00</p> <p>Earmarked</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Gavin S. Herbert 4100 Calle Isabella San Clemente CA 92672-4568</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Allergan, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Howard Lawrence Hall 23 Silver Pine Drive Newport Coast CA 92657-1541</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer LARGO Advisors, Inc.</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only) 2500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules/si
for each category of the
Detailed Summary Page

PAGE 7 OF 25

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| Roland D. Kelly 1530 Mira Mar Drive, Apt. 7 Balboa CA 92661 | Spectrum Asset Management, Inc. | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investment Counselor | | |
| | 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 |
| Thomas P. Kemp 1141 Marine Drive Laguna Beach CA 92651-1330 | Self Employed | 4-23-99 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Financial Planner | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Donald P. Kennedy 1628 La Loma Drive Santa Ana CA 92705-307B | First American Financial | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dorothy Kennedy 1628 La Loma Drive Santa Ana CA 92705-307B | Self Employed | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Artist | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Howard J. Klein 5 Charleston Irvine CA 92620-2513 | Klein and Szekeres | 5-14-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | 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 |
| Robert A. Kleist 7 Cherbourg Newport Beach CA 92660-6807 | Printtronix, Inc. | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Donald N. Koll 901 Via Lido Squd Newport Beach CA 92663-5534 | The Koll Company | 4-23-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Chairman and CEO | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |

SUBTOTAL of Receipts This Page (optional)..... **4150.00**

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Donald M. Koll 901 Via Lido Soud Newport Beach CA 92663-5534</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer The Koll Company</p> <p>Occupation Chairman and CEO</p> <p>Aggregate Year-to-Date > \$ 2000.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Betty Lee Larson 36 Balboa Coves Newport Beach CA 92663-3226</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Paula J. Lingelbach Post Office Box 4290 Laguna Beach CA 92652-4290</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code F. Steven Link 2672 Circle Drive Newport Beach CA 92663-5617</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Cardiac Devices, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Thomas S. Maddock 31 Montpelier Newport Beach CA 92660-6844</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Boyle Engineering Corporation</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code James F. McDonnell 1130 Connecticut Avenue, N.W. Suite 300 Washington DC 20036-3904</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Law Office of James F. McDonnell</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Medrick R. McClure 424 East 16th Street Costa Mesa CA 92627-3202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Self Employed</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |

| | |
|------------------------------------------------------------------------|----------------|
| <p>SUBTOTAL of Receipts This Page (optional).....</p> | <p>3550.00</p> |
| <p>TOTAL This Period (last page this line number only).....</p> | <p></p> |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 9 OF 15
FOR LINE NO. 1141

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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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| Vincent J. McGuinness 1901 Ocean Way Laguna Beach CA 92651-3237 | Endeavor Group | 4-9-99 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Marjorie Fluor Moore 1920 Heliotrope Drive Santa Ana CA 92706-2538 | Self Employed | 1-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Writer | | |
| | 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 |
| David L. Mulliken 713 Rosecrans Street San Diego CA 92106-3012 | Latham & Watkins | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | 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 |
| Mareen Mulliken 713 Rosecrans Street San Diego CA 92106-3012 | Self Employed | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Business Owner | | |
| | 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 |
| Donald P. Newell Post Office Box 287 Rancho Santa Fe CA 92067-0287 | Latham & Watkins | 5-14-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | 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 |
| Bruce E. Matt 701 Lido Park Drive Newport Beach CA 92663-4431 | Grove Investment Company | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Grove Investment Company Bruce E. Matt, Sole Proprietor 3184-J Airway Avenue Costa Mesa, CA 92626 | Grove Investment Company | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |

SUBTOTAL of Receipts This Page (optional)..... 4300.00

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

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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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| Kevin S. Olson 25821 Pecos Road Laguna Hills CA 92653 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Professional Financial Planners Occupation Financial Planner Aggregate Year-to-Date > \$ 500.00 | 4-15-99 | 500.00 |
| Edgar E. Pankey 320 West Main Street Tustin CA 92780-4322 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 500.00 | 4-9-99 | 500.00 |
| Elizabeth S. Pankey 320 West Main Street Tustin CA 92780-4322 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 500.00 | 4-9-99 | 500.00 |
| Philip D. Pfirrmann 22372 Rosebrier Mission Viejo CA 92692-4616 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Genesis Capital Corporation Occupation Executive Aggregate Year-to-Date > \$ 300.00 | 4-23-99 | 300.00 |
| 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 > \$ 250.00 | 4-23-99 | 250.00 |
| Renate 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 N/A Occupation Homemaker Aggregate Year-to-Date > \$ 250.00 | 4-23-99 | 250.00 |
| Jerome E. Raymond 120 Ridgewood Avenue Glen Ridge NJ 07028-1121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Datamation Systems, Inc. Occupation Executive Aggregate Year-to-Date > \$ 250.00 | 4-26-99 | 250.00 |

SUBTOTAL of Receipts This Page (optional)..... 2550.00

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------------------------------|
| Warren L. Rose 17 Encore Court Newport Beach CA 92663-2356 | Y & V Castings | 4-23-99 | 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 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Peter D. Shea 2009 East Bayfront Newport Beach CA 92661-1515 | JF Shea Co, Inc. | 4-23-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Construction | | Aggregate Year-to-Date > \$ 1000.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Warren Reed Sprinkel 1026 Santiago Drive Newport Beach CA 92660-5728 | N/A | 4-23-99 4-23-99 | 300.00 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | Aggregate Year-to-Date > \$ 800.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael D. Stephens 900 Alder Place Newport Beach CA 92660-4121 | Hoag Memorial Hospital | 4-9-99 | 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 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dorothy B. Stillwell 1429 Santiago Drive Newport Beach CA 92660-4947 | N/A | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | | 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 |
| R. J. Stoddard 806 Aldebaran Circle Newport Beach CA 92660-4910 | Self Employed | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | | 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 |
| Elizabeth G. Stoddard 806 Aldebaran Circle Newport Beach CA 92660-4910 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | | Aggregate Year-to-Date > \$ 250.00 |

SUBTOTAL of Receipts This Page (optional)..... 3350.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules(a) 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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| H. Randall Stoke 1040 Hampton Road Arcadia CA 91006-1915 | N/A | 2-25-99 | 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 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert A. Teitsworth 32061 Cook Lane San Juan Capistrano CA 92675-3934 | Self Employed | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Oil and Gas | | |
| | 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 |
| Virginia L. Tuttle 200 Via Lido Nord Newport Beach CA 92663-4608 | N/A | 4-9-99 | 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 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Rob R. Ukropina 33 Andiamo Newport Coast CA 92657 | Overnite Express | 4-23-99 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Susan Lee Waggener 5186 Cheltenham Terrace San Diego CA 92130-1415 | N/A | 4-23-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | 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 |
| James E. Wickensham 15 Glen Alpine Road Piedmont CA 94611-3520 | Triangle T Ranch, Inc. | 5-14-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Rancher | | |
| | Aggregate Year-to-Date > \$ | 1000.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James E. Williams 323 Lugonia Street Newport Beach CA 92663-1815 | L.T.C.I. Services, Inc. | 4-23-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance | | |
| | Aggregate Year-to-Date > \$ | 350.00 | |

SUBTOTAL of Receipts This Page (optional)..... **3400.00**

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 13 OF 25
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 |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------|
| Charles G. Cawthorne 26786 Valpariso Drive Mission Viejo CA 92691-3429 | Toto Inc. | 4-9-99 | 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 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John C. Allen 6406 Middleburg Lane Bethesda MD 20817-5532 | The Allen Company | 4-26-99 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Frederick R. Andresen 541 Hazel Drive Corona del Mar CA 92625-2505 | DirectNet Telecommunications | 4-23-99 | 650.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ | 650.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David L. Armstrong 2809 East Hillside Avenue Orange CA 92667-8413 | Metropolitan State Hospital | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Psychiatrist | | |
| | Aggregate Year-to-Date > \$ | 350.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Alice J. Atkinson 16401 South Paramount Boulevard Paramount CA 90723-5427 | George E. Atkinson, Jr. | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Legal Secretary | | |
| | 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 |
| David M. Conant 1381 Galaxy Drive Newport Beach CA 92660 | Donant Automotive Resources | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Auto Dealer | | |
| | Aggregate Year-to-Date > \$ | 500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Anthony A. duPont 2180 Calle Frescota La Jolla CA 92037-3002 | duPont Aerospace Company, Inc. | 4-15-99 | 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 | |

SUBTOTAL of Receipts This Page (optional)..... 3850.00

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

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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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|------------------------------------|
| Robert F. Hogan 145 Glenridge Parkway El Dorado AR 71730-3117 | AmerCable | 4-9-99 | 800.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | 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 |
| Arnold R. Klamm 31801 Violeta Lane Trabuco Canyon CA 92679-3927 | Arkenol, Inc. | 4-9-99 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Kathleen D. Klamm 31801 Violeta Lane Trabuco Canyon CA 92679-3927 | N/A | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | | |
| | 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 |
| Howard H. Leach 301 California Street suite 4310 San Francisco CA 94111-6134 | Leach Capital Corporation | 4-9-99 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Russell E. Leatherby 27141 Hidden Trail Drive Laguna Hills CA 92653-5808 | Self Employed | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Finance | | |
| | 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 |
| Frank W. Lynch 2015 Bayadere Terrace Corona del Mar CA 92625-1828 | N/A | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ | 1000.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Frank W. Lynch 2015 Bayadere Terrace Corona del Mar CA 92625-1828 | N/A | 4-9-99 | 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ | 2000.00 | |

SUBTOTAL of Receipts This Page (optional) **4650.00**

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 15 OF 25
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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| Timon Evans Owens 13651 Esprit Way Irvine CA 92620-3216 | N/A | 4-9-99 | 650.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 650.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dayna R. Pettie 1741 Plaza del Sur Newport Beach CA 92661-1417 | The Prudential California Realty | 1-15-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Realtor | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael Sullivan 121 Marine Avenue Balboa Island CA 92662-1201 | Newport Video & Photography | 5-26-99 | 225.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Photographer | | |
| | Aggregate Year-to-Date > \$ 225.00 | | and Photography |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William D. Cvengras 31975 Peppertree Bend San Juan Capistrano CA 92675-3941 | Pinco Advisors, L.P. | 4-9-99 | 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 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Bogdan C. Meglich 25621 Blossom Park Street Lake Forest CA 92630-4608 | APA Group, Inc. | 4-23-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Scientist | | |
| | 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 |
| Jeffrey C Brandon 11245 Getchell Drive Theodore AL 36582-8471 | Univ. of So. Alabama Radiology | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Educator | | |
| | Aggregate Year-to-Date > \$ 350.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mohamed Rafiquzzaman 944 Longview Drive Diamond Bar CA 91765-4381 | Raff Systems, Inc. | 4-9-99 | 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 | | |

SUBTOTAL of Receipts This Page (optional)..... 3575.00

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 16 OF 25
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 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|------------------------------------|
| Donald C. Alexander 1335 New Hampshire Avenue, NW Suite 400 Washington DC 20036-1532 | Akin Gump Strauss Hauer & Feld | 4-26-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | 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 |
| John F. Cooney 3735 Kansasha Street, NW Washington DC 20015-1809 | Venable Baetjer Howard Civiletti | 4-26-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | |
| | 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 |
| John B. Phillips 1540 South Coast Highway Suite 204 Laguna Beach CA 92651-3260 | The California Energy Coalition | 5-14-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Energy Mgmt. | | |
| | Aggregate Year-to-Date > \$ | 350.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Kenneth E. Tait 10122 Knuth Circle Villa Park CA 92861-4301 | Tait & Associates, Inc. | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Civil Engineer | | |
| | Aggregate Year-to-Date > \$ | 500.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Katherine E. Heimark 612 1/2 Avocado Avenue Corona del Mar CA 92625-1920 | Triangle Distributing Co. | 4-23-99 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Public Relations | | |
| | Aggregate Year-to-Date > \$ | 300.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John N. Malek Post Office Box 1475 Torrance CA 90505-3228 | Self Employed | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | | |
| | Aggregate Year-to-Date > \$ | 350.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James T. Wheary 4132 Los Arabia Drive Lafayette CA 94549-2741 | Tiburon Investment Company | 2-25-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Accountant | | |
| | Aggregate Year-to-Date > \$ | 350.00 | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2550.00 |
| 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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code William R. Hamilton 3620 5th Avenue Corona del Mar CA 92625-2537</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Western Cannery Company, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Robert B. Lange 12 Lucerne Newport Beach CA 92660-6819</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Brandt Development, Ltd.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 2-25-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Neal B. Freeman Post Office Box 2169 Vienna VA 22181</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Blackwell Corporation</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Clara M. Lincoln 1218 Polaris Drive Newport Beach CA 92660-5724</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer J.D. Lincoln, Inc.</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 850.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 850.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Michael T. Kelley 7800 Foxhound Road Mc Lean VA 22102-2448</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Berkshire Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Robert A. McConnell 6614 Weatherford Court Mc Lean VA 22101</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Hawthorne & York</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Theodore B. Olson 466 River Bend Road Great Falls VA 22066-4016</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Gibson, Dunn & Crutcher</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 3650.00

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Robert D. Stuart 1601 Conway Road Lake Forest IL 60045-2517</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer North Star Investments, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code April L. Burke 1233 20th Street, NW Suite 610 Washington DC 20036</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Lewis-Burke Associates</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-26-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Rand R. Sperry 1619 North Pepper Wood Circle Orange CA 92869-1005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Sperry Van Ness</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Bobby R. Inman 3200 Riva Ridge Road Austin TX 78746-1423</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Self Employed</p> <p>Occupation Investor</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Milton E. Ross 434 Fernleaf Avenue Corona Del Mar CA 92625-2113</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Dorothy Ross 434 Fernleaf Avenue Corona Del Mar CA 92625-2113</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Donald E. Sadaro 926 Via Lido Nord Newport Beach CA 92643-5527</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Hanford Hotels, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 3350.00

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|------------------------------------|
| felicity C. Sadeno 926 Via Lido Nord Newport Beach CA 92663-5527 | N/A | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Diana D. Coltrane 233 Poppy Avenue Corona del Mar CA 92625 | Self Employed | 4-9-99 | 350.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | | |
| | 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 |
| Mill Jacks Mobile Home Park, L.L.Company 13440 Lakewood Boulevard Bellflower, CA 90706-20630 | N/A | 1-15-99 | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | | |
| | Aggregate Year-to-Date > \$ 250.00 | | MEMO 250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary A. Thomas 1 Whitehollow Coto de Caza CA 92679-4710 | Self Employed | 1-15-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Imperial Sands Mobile Park, L.L.Company 1810 Palm Avenue San Diego, Ca 92154 | N/A | 1-15-99 | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | | |
| | Aggregate Year-to-Date > \$ 250.00 | | MEMO 250.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary A. Thomas 1 Whitehollow Coto de Caza CA 92679-4710 | Self Employed | 1-15-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Investor | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Wayne S. Lindholm 25 Vista Montemar Laguna Niguel CA 92677-7954 | Hensel Phelps Construction | 6-1-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Construction | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |

SUBTOTAL of Receipts This Page (optional)..... 1600.00

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| Linda Linholm 25 Vista Montemar Laguna Niguel CA 92677-7954 | City of Laguna Niguel | 6-1-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Elected Official | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Denise M. Mainero 22 Brakes Bay Drive Corona Del Mar CA 92625-1008 | Self Employed | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | | |
| | 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 |
| John N. Kennel 11591 Suburnas Way Santa Ana CA 92705-2919 | N/A | 4-9-99 | 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 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Tom Simovich 18 Rue Chantilly Newport Beach CA 92660-5903 | ChampCore Parts | 4-9-99 | 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 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John K. Logan 26527 Silver Spur Road Rancho Palms Verdes CA 90275-2315 | Inter-Logic System Co. | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Engineer | | |
| | 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 |
| Marta F. Sokol 143 Emerald Bay Laguna Beach CA 92651-1254 | Self Employed | 5-14-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Property Management | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Omer W. Long 701 Kings Road Newport Beach CA 92663 | Omer W. Long Investments | 4-9-99 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Real Estate | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |

SUBTOTAL of Receipts This Page (optional).....> 3450.00

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

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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 |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------------|
| Martha Lewis Jennings Post Office Box 478 Laguna Beach CA 92652-0478 | Self Employed | 4-9-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | | Aggregate Year-to-Date > \$ 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Harold W. Sorensen 1402 Emerald Bay Laguna Beach CA 92651-1277 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | Aggregate Year-to-Date > \$ 250.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ethelwyn C. Sorensen 1402 Emerald Bay Laguna Beach CA 92651-1277 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | Aggregate Year-to-Date > \$ 250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael D. Nadler 7 Whitewater Drive Corona Del Mar CA 92625-1440 | N/A | 4-23-99 | 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 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Arthur E. Bruington 14 Sunlight Irvine CA 92612-3724 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired Civil Engineer | | 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 |
| Louise R. Bruington 14 Sunlight Irvine CA 92612-3724 | N/A | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | | 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 |
| James M. Frisbie 9 Whitestone Newport Coast CA 92657 | McDonald's Restaurant | 4-9-99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Fast Food | | Aggregate Year-to-Date > \$ 250.00 |

SUBTOTAL of Receipts This Page (optional)..... 2100.00

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Marlene J. Frisbie 9 Whitestone Newport Coast CA 92657</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 HomeMaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Marilyn P. Goodman 1133 9th Street, Apt. 210 Santa Monica CA 90403-5254</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Good Samaritan Hospital</p> <p>Occupation Social Worker</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code J. Peter Anderson 2005 Yacht Resolute Newport Beach CA 92660-6720</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Self Employed</p> <p>Occupation Civil Engineer</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Virginia S. Anderson 2005 Yacht Resolute Newport Beach CA 92660-6720</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Coldwell Banker Residential</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-15-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Daniel S. Coelho 2911 Anacapa Place Fullerton CA 92635</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Resource Financial</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Wiley, Rein & Fielding 1776 K Street, NW Washington DC 20006-2304</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 N/A</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period MEMO \$350.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Samuel Walker 1776 K Street, NW Washington DC 20006-2304</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Wiley, Rein & Fielding</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 175.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 175.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 1775.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FISC ID No. C00223297

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Dag Wilkinson 1776 K Street, NW Washington DC 20006-2304</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Wiloy, Rain & Fielding</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 175.00</p> | <p>Date (month, day, year) 6-14-99</p> | <p>Amount of Each Receipt this Period 175.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Shelby Morgan Davis 9 Via Venita Rancho Palos Verdes CA 90275-5375</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Loyola Marymount College</p> <p>Occupation Student/Tutor</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code David Hsieh 21 Foxhill Irvine CA 92604-3066</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Watson Pharmaceutical</p> <p>Occupation Pharmaceutical</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Phyllis Hsieh 21 Foxhill Irvine CA 92604-3066</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Santosh Kumar Mohanty 17822 Beach Boulevard Suite 263 Huntington Beach CA 92647</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Santosh K. Mohanty, M.D.</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code George Goga 22072 Salcedo Mission Viejo CA 92691-1231</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Lisa M. Goga 22072 Salcedo Mission Viejo CA 92691-1231</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 > \$ 250.00</p> | <p>Date (month, day, year) 4-9-99</p> | <p>Amount of Each Receipt this Period 250.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 2025.00

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|------------------------------------|
| Dennis Chen 1533 Via Castilla Palos Verdes Peninsula CA 90274 | Ca. Anesth. Assoc. Medical Group | 4-23-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | | |
| | Aggregate Year-to-Date > \$ | 500.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William Veon 2626 West Ball Road, #G-2 Anaheim CA 92804 | Farmers Insurance | 4-23-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance | | |
| | 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 |
| Steven Lee Yamahon 2233 Martin Street, #201 Irvine CA 92615 | Stevens 1st Principles Inv. Adv. | 4-9-99 | 600.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Professor/Investment Counsel | | |
| | Aggregate Year-to-Date > \$ | 600.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Brian Chisick 10212 Sunrise Lane Santa Ana CA 92705 | First Alliance Mortgage Company | 4-23-99 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Carleton J. Hsia 135 Starcrest Irvine CA 92612 | SynZyme Technologies, LLC | 4-26-99 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ | 300.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mi Suk Chong 200 Calle de Madrid Redondo Beach CA 90277 | Self Employed | 4-15-99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Import Export | | |
| | Aggregate Year-to-Date > \$ | 500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lorenz Hart 923 North Barton Street Arlington VA 22201 | Hartco Strategies | 5-16-99 | 700.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Consultant | | |
| | Aggregate Year-to-Date > \$ | 700.00 | |

SUBTOTAL of Receipts This Page (optional)..... 3600.00

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. C0023297

| A. Full Name, Mailing Address and ZIP Code William Jackson 1804 South Bayfront Newport Beach CA 92662 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer D & F Trucking Company, Inc. Occupation Trucking Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 6-17-99 | Amount of Each Receipt this Period 500.00 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|----------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 74575.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NO. 11c

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223397

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Life Insurance PAC 1001 Pennsylvania Avenue, NW Suite 500 Washington DC 20004</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Bechtel PAC Post Office Box 193965 San Francisco CA 94119</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code RJR Nabisco, Inc. "RJR PAC" Post Office Box 718 Winston-Salem NC 27102</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Dealers Elect. Action Comm./Nat'l Auto. Dealers Assn 8400 Westpark Drive McLean VA 22102</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Edison International PAC 2244 Walnut Grove Avenue Suite 444 Rosemead CA 91770</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 5000.00</p> | <p>Date (month, day, year) 2-25-99</p> | <p>Amount of Each Receipt this Period 5000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 55 Glenlake Parkway, NE Atlanta GA 30328</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 N/A</p> <p>Aggregate Year-to-Date > \$ 4500.00</p> | <p>Date (month, day, year) 6-17-99</p> | <p>Amount of Each Receipt this Period 4500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 55 Glenlake Parkway, NE Atlanta GA 30328</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 N/A</p> <p>Aggregate Year-to-Date > \$ 5000.00</p> | <p>Date (month, day, year) 6-17-99</p> | <p>Amount of Each Receipt this Period 500.00 In Kind Food/Room</p> |

SUBTOTAL of Receipts This Page (optional)..... 14000.00

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

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. 000223297

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|
| United Parcel Service PAC 55 Glenlake Parkway, NE Atlanta GA 30328 | N/A | 6-17-99 | 600.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | | |
| | Aggregate Year-to-Date > \$ 5600.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| American Institute of CPAs Effective Log. Committee 201 Plaza III Jersey City NJ 07311 | N/A | 6-1-99 | 2500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | | |
| | Aggregate Year-to-Date > \$ 2500.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CARE PAC, The PAC of Pacificare Health Systems, Inc. Post Office Box 25186 MS:LC01-335 Santa Ana CA 92799 | N/A | 4-23-99 | 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 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BankAmerica Corporation PAC Post Office Box 37000 Unit 13117 San Francisco CA 94137 | N/A | 5-14-99 | 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 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| National Cable Television PAC (CABLE PAC) 1724 Massachusetts Avenue, NW Washington DC 20036 | N/A | 6-2-99 | 312.20 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | | |
| | Aggregate Year-to-Date > \$ 312.20 | | InKind/Evt Cater |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| AT&T PAC 295 North Maple Avenue Basking Ridge NJ 07920 | N/A | 4-27-99 | 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 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| DTE Energy Company PAC (EdPAC) 2000 Second Avenue 1069 WCB Detroit MI 48226 | N/A | 4-27-99 | 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 | | |

SUBTOTAL of Receipts This Page (optional) 6912.20

TOTAL This Period (last page this line number only) 6912.20

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9
FOR LINE NO. 11c

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 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|------------------------------------|
| Electronic Data Systems Employees' PAC 1331 Pennsylvania Avenue, NW Suite 1300 N Washington DC 20004 | N/A | 4-27-99 | 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 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ford Motor Company Civic Action Fund Comerica Bank - Detroit Detroit MI 48275-2250 | N/A | 6-1-99 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Nabisco Brands, Inc. PAC Post Office Box 311 Parsippany NJ 07054 | N/A | 4-27-99 | 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 |
| General Atomics PAC Post Office Box 22930 San Diego CA 92122 | N/A | 4-23-99 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| NAIIPAC 2600 River Road Des Plaines IL 60018 | N/A | 4-27-99 | 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | 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 |
| AHA PAC 325 Seventh Street, NW Suite 1100 Washington DC 20004-2901 | N/A | 4-27-99 | 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 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Sempra Energy Employees PAC 633 West 5th Street Los Angeles CA 90071 | N/A | 6-1-99 | 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 | |

SUBTOTAL of Receipts This Page (optional)..... 6500.00

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. CD0223297**

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code American Bankers Assoc. BANKPAC 1120 Connecticut Avenue, NW Suite 851 Washington DC 20036</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code American Health Care Association PAC 1201 L Street, NW Washington DC 20005</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 N/A</p> <p>Aggregate Year-to-Date > \$ 5000.00</p> | <p>Date (month, day, year) 5-16-99</p> | <p>Amount of Each Receipt this Period 5000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Trucking PAC of the American Trucking Assoc. Inc. 430 First Street, SE Washington DC 20003</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-17-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Andersen Consulting PAC 1666 K Street, NW Washington DC 20006</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 N/A</p> <p>Aggregate Year-to-Date > \$ 2500.00</p> | <p>Date (month, day, year) 5-16-99</p> | <p>Amount of Each Receipt this Period 2500.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Associated General Contractors of America PAC 1957 E Street, NW Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer N/A</p> <p>Occupation N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-16-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Conservative Victory Fund 422 First Street, SE Washington DC 20003</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 N/A</p> <p>Aggregate Year-to-Date > \$ 484.20</p> | <p>Date (month, day, year) 4-6-99</p> | <p>Amount of Each Receipt this Period 484.20</p> <p>InKind/EvtInvite</p> |
| <p>G. Full Name, Mailing Address and ZIP Code National Cattlemen's Beef Association PAC Post Office Box 3469 Englewood CO 80155</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |

| | |
|-----------------------------------------------------------------|-----------------|
| <p>SUBTOTAL of Receipts This Page (optional).....</p> | <p>11984.20</p> |
| <p>TOTAL This Period (last page this line number only).....</p> | <p></p> |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C0023297

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Ernst & Young Political Action Committee 1225 Connecticut Avenue, NW Suite 800 Washington DC 20036</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 N/A</p> <p>Aggregate Year-to-Date > \$ 2795.40</p> | <p>Date (month, day, year) 6-1-99 6-1-99</p> | <p>Amount of Each Receipt this Period 2500.00 295.40</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Ernst & Young Political Action Committee 1225 Connecticut Avenue, NW Suite 800 Washington DC 20036</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 N/A</p> <p>Aggregate Year-to-Date > \$ 3000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 204.60</p> <p>Incl/Excl Cater</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Pricewaterhouse Partners' Political Action Committee 1900 K Street, NW Suite 900 Washington DC 20005</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 N/A</p> <p>Aggregate Year-to-Date > \$ 2500.00</p> | <p>Date (month, day, year) 6-17-99</p> | <p>Amount of Each Receipt this Period 2500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Realtors Political Action Committee 430 North Michigan Avenue Chicago IL 60611</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Peat Marwick/PAC Post Office Box 18254 Washington DC 20036</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 N/A</p> <p>Aggregate Year-to-Date > \$ 2500.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 2500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Allergan Inc. PAC for Employees 2525 Dupont Irvine CA 92715</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Pacific Life Insurance Company PAC 700 Newport Center Drive Newport Beach CA 92660</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 N/A</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-23-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 10500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 9
FOR LINE NO. 11c

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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 FMC Corporation Good Government Program 200 East Randolph Drive Chicago IL 60601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 6-1-99 | Amount of Each Receipt this Period 1000.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------|
| B. Full Name, Mailing Address and ZIP Code National Air Traffic Controllers Assoc. 1150 17th Street, NW Suite 701 Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 650.00 | Date (month, day, year) 4-23-99 | Amount of Each Receipt this Period 650.00 |
| C. Full Name, Mailing Address and ZIP Code Deloitte & Touche Federal PAC Post Office Box 365 Washington DC 20044-0365 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 2500.00 | Date (month, day, year) 4-9-99 | Amount of Each Receipt this Period 2500.00 |
| D. Full Name, Mailing Address and ZIP Code Coop. of American Physicians Fed. Action Committee 333 South Hope Street 8th Floor Los Angeles CA 90017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 6-1-99 | Amount of Each Receipt this Period 1000.00 |
| E. Full Name, Mailing Address and ZIP Code Wells Fargo & Company IMPACT Fund 420 Montgomery Street 12th Floor San Francisco CA 94163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 1-15-99 | Amount of Each Receipt this Period 1000.00 |
| F. Full Name, Mailing Address and ZIP Code American Dietetic Association PAC 1225 Eye Street, NW Suite 1250 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 6-1-99 | Amount of Each Receipt this Period 1000.00 |
| G. Full Name, Mailing Address and ZIP Code Physical Therapy PAC (PT-PAC) 1111 North Fairfax Street Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 6-1-99 | Amount of Each Receipt this Period 1000.00 |

SUBTOTAL of Receipts This Page (optional)..... **9150.00**

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 7 OF 9
FOR LINE NO. 11c

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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 American Society of Anesthesiologists PAC (ASAPAC) 520 North Northwest Highway Park Ridge IL 60068</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Morgan Stanley, Dean Witter, Discover & Co. PAC Two World Trade Center 45th Floor New York NY 10048</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Independent Insurance Agents of America PAC 412 First Street, SE Suite 300 Washington DC 20003</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Philip Morris Companies, Inc. PAC 120 Park Avenue New York NY 10017</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Securities Industry Association (SIA-PAC) 1401 Eye Street, NW Suite 1000 Washington DC 20005-2225</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Texas Political Involvement Committee 2000 Westchester Avenue White Plains NY 10650</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Wine & Spirits Wholesalers of America PAC 850 15th Street, NW Suite 430 Washington DC 20005</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 9

FOR LINE NO. 11c

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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 Microsoft Corporation PAC Box 97017 Redmond WA 98073-9717</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 6-1-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Federation of American Health Systems PAC 1111 19th Street, NW Suite 402 Washington DC 20036</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code SBC Communications Inc. Employee Fed. PAC 175 East Houston Room 4-R-4 San Antonio TX 78205</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 5-14-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Lockheed Martin Employees PAC 1725 Jefferson Davis Hwy. Crystal Sq. 2, #500 Arlington VA 22202-4102</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 N/A</p> <p>Aggregate Year-to-Date > \$ 2000.00</p> | <p>Date (month, day, year) 6-17-99</p> | <p>Amount of Each Receipt this Period 2000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code California Acupuncture Medical Assoc. PAC 12751 Brookhurst Way Garden Grove CA 92641</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 N/A</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-25-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Hotel Employees and Restaurant Employees Int'l Union 1219 28th Street, NW Washington DC 20007</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Brinker International PAC 6820 LBJ Freeway Dallas Tx 75240-6515</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 N/A</p> <p>Aggregate Year-to-Date > \$ 350.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 350.00</p> |

SUBTOTAL of Receipts This Page (optional)..... 6850.00

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 9 OF 9
FOR LINE NO. 11c

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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 National Realty PAC (REALPAC) 1620 New York Avenue, NW Suite 1100 Washington DC 20005</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 N/A</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 500.00</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <p>B. Full Name, Mailing Address and ZIP Code Fulbright & Jaworski L.L.P. Federal Committee 1301 McKenney Suite 5100 Houston TX 77010</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 N/A</p> <p>Aggregate Year-to-Date > \$ 1000.00</p> | <p>Date (month, day, year) 4-27-99</p> | <p>Amount of Each Receipt this Period 1000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

| | |
|------------------------------------------------------------------------|-----------------|
| <p>SUBTOTAL of Receipts This Page (optional).....</p> | <p>1500.00</p> |
| <p>TOTAL This Period (last page this line number only).....</p> | <p>73396.40</p> |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
 FORM LINE NUMBER 12

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 Cox Campaign 2000 601 South Figueroa Street 48th Floor Los Angeles, CA 90017 | Name of Employer Transfer | Date (month, day, year) 2-1-99 | Amount of Each Receipt this Period 909569.27 |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-------------------------------------------------|
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | Aggregate Year-To-Date \$ |
| | | R/A | |
| B. Full Name, Mailing Address and ZIP Code | | Name of Employer | 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 | 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 | 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 | 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 | 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 | 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) | 909569.27 |
| TOTAL This Period (last page this line number only) | 909569.27 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|------------------------------------|
| Federal Express Post Office Box 1140 Memphis, TN 38101 | Refund on overcharge | 2-25-99 | 139.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund | Occupation N/A | | |
| B. 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 | Bank Charge Credit | 6-15-99 | 20.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Credit | Occupation N/A | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |

| | |
|-----------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) | 159.00 |
| TOTAL This Period (last page this line number only) | 159.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FORM LINE NUMBER 15

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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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|------------------------------------|
| City National Bank 4685 MacArthur Court Newport Beach, CA 92660 | N/A | 1-31-99 | 11.53 |
| | | 2-26-99 | 2133.16 |
| | Occupation | 3-31-99 | 2653.77 |
| 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 |
| City National Bank 4685 MacArthur Court Newport Beach, CA 92660 | N/A | 4-30-99 | 2455.38 |
| | | 5-28-99 | 2601.79 |
| | Occupation | 6-28-99 | 3074.03 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Income | 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): | | 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): | | 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): | | 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): | | 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): | | Aggregate Year-To-Date \$ | |

SUBTOTAL of Receipts This Page (optional) 12929.66

TOTAL This Period (last page this line number only) 12929.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|
| Franchise Tax Board Post office Box 942057 Sacramento, CA 94257 | Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3-11-99 | 2426.00 |
| B. Full Name, Mailing Address and ZIP Code North Meets South Catering 611 Chetworth Place Alexandria, VA 22314 | Purpose of Disbursement Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1-13-99 | 375.00 |
| C. Full Name, Mailing Address and ZIP Code Seven Seas Travel 149 Riverside Avenue Newport Beach, CA 92663 | Purpose of Disbursement Campaign Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5-5-99 | 275.00 |
| D. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 First Street, S.E. Washington, D.C. 20003 | Purpose of Disbursement Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2-22-99 5-5-99 | 595.67 1375.44 |
| E. Full Name, Mailing Address and ZIP Code Postbox Newport 3857 Birch Street Newport Beach, CA 92660 | Purpose of Disbursement Campaign Post Box Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2-19-99 | 385.00 |
| F. Full Name, Mailing Address and ZIP Code Congressional Liquors 404 First Street, S.E. Washington, D.C. 20003 | Purpose of Disbursement Event Beverages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1-26-99 | 305.40 |
| G. Full Name, Mailing Address and ZIP Code Employment Development Dept. Post Office Box 826286 Sacramento, CA 94230 | Purpose of Disbursement State Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4-27-99 | 206.48 |
| H. Full Name, Mailing Address and ZIP Code City National Bank 4685 MacArthur Boulevard Newport Beach, CA 92660 | Purpose of Disbursement Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1-29-99 2-16-99 3-11-99 | 572.62 123.04 4116.00 |
| I. Full Name, Mailing Address and ZIP Code City National Bank 4685 MacArthur Boulevard Newport Beach, CA 92660 | Purpose of Disbursement Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4-27-99 5-28-99 | 1296.46 410.46 |

SUBTOTAL of Disbursements This Page (optional) 12462.59

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 |
| | 2 | 4 |
| FOR LINE NUMBER | | |
| 17 | | |

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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 |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| City National Bank 4685 MacArthur Court Newport Beach, CA 92660 | Bank Charges | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-12-99 | 30.00 |
| | <input type="checkbox"/> Other (specify) | 6-15-99 | 12.00 |
| B. Full Name, Mailing Address and ZIP Code Randi J. Bronk 27 Earlymorn Irvine, CA 92614 | Payroll | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 1-18-99 | 511.99 |
| | <input type="checkbox"/> Other (specify) | 2-1-99 2-16-99 | 673.17 197.47 |
| C. Full Name, Mailing Address and ZIP Code Randi J. Bronk 27 Earlymorn Irvine, CA 92614 | Payroll | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 3-1-99 | 156.14 |
| | <input type="checkbox"/> Other (specify) | 3-13-99 3-22-99 | 2117.07 406.38 |
| D. Full Name, Mailing Address and ZIP Code Randi J. Bronk 27 Earlymorn Irvine, CA 92614 | Payroll | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 4-1-99 | 493.53 |
| | <input type="checkbox"/> Other (specify) | 4-26-99 5-31-99 | 938.31 822.87 |
| E. Full Name, Mailing Address and ZIP Code David Martin 1101 16th Street, N.W. Washington, D.C. 20036 | Congress'l Reception | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 6-12-99 | 500.00 |
| | <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code Federal Express Post Office Box 1140 Memphis, TN 38101 | Package Delivery | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-12-99 | 30.25 |
| | <input type="checkbox"/> Other (specify) | 6-22-99 | 36.25 |
| G. Full Name, Mailing Address and ZIP Code The Kingsmill Resort 1010 Kingsmill Road Williamsburg, VA 23185 | Rep Plann'g Conference | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-12-99 | 115.67 |
| | <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code Mini-Mailers 17222 Armstrong Avenue Irvine, CA 92614 | Mail Processing | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 1-8-99 | 1628.90 |
| | <input type="checkbox"/> Other (specify) | 4-2-99 | 2388.04 |
| I. Full Name, Mailing Address and ZIP Code Mini-Mailers 17222 Armstrong Avenue Irvine, CA 92614 | Postage | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 4-7-99 | 3436.30 |
| | <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional) 14494.34

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 3 OF 4
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 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Pacific Bell Payment Center Van Nuys, CA 91388 | Campaign Telephone | | 22.67 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 2-22-99 | 124.53 |
| | | 3-19-99 | 78.96 |
| | <input type="checkbox"/> Other (specify) | 4-23-99 | |
| Pacific Bell Payment Center Van Nuys, CA 91388 | Campaign Telephone | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-18-99 | 120.13 |
| | | 6-22-99 | 50.76 |
| | <input type="checkbox"/> Other (specify) | | |
| AT&T Worldnet Services Parsippany, NJ 07054 | Research | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-12-99 | 19.95 |
| | | 6-22-99 | 39.90 |
| | <input type="checkbox"/> Other (specify) | | |
| Britannia Hotel Portland Street Manchester, England M1 3JA | Europ-Atlantic Gp Conf | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 4-16-99 | 659.14 |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| Mr. Printer 20761 Lake Forest Drive "E" Lake Forest, CA 92630 | Brochure Printing | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 5-5-99 | 302.57 |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| Pacific Club 4110 MacArthur Boulevard Newport Beach, CA 92660 | Campaign Events | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 1-25-99 | 218.52 |
| | | 1-28-99 | 4745.63 |
| | <input type="checkbox"/> Other (specify) | 5-12-99 | |
| White House Writers Group 1522 K Street, NW, Ste. 1130 Washington, D.C. 20005 | consulting | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 1-19-99 | 3417.55 |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| U.S. Postmaster 17192 Murphy Avenue Irvine, CA 92614 | Postage | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 3-16-99 | 1320.00 |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |
| Tustin Press 12932 Newport Avenue, Ste.15 Tustin, CA 92680 | Printing | | |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General | 3-22-99 | 7033.00 |
| | <input type="checkbox"/> Other (specify) | | |
| | | | |

SUBTOTAL of Disbursements This Page (optional)

18097.89

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from each Report and Statement 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 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|
| Travelers Insurance Post Office Box 2659 Lancaster, CA 93539 | Campaign Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6-21-99 | 969.00 |
| Monaco Group 701 East Bell Road Anaheim, CA 92805 | Brochure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5-12-99 | 1659.79 |
| Terry Ribbe 111 Third Street, N.E. Washington, D.C. 20002 | Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6-21-99 | 2000.00 |
| National cable Television PAC 1724 Massachusetts Avenue NW Washington, D.C. 20036 | In-Kind Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6-2-99 | 312.20 In-Kind |
| Conservative Victory Fund 104 North Carolina Avenue SE Washington, D.C. 20003 | In-Kind evt. Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4-6-99 | 484.20 In-Kind |
| United Parcel Service PAC 55 Glenlake Parkway, NE Atlanta, GA | In-Kind evt. Food & Room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6-17-99 | 500.00 In-Kind |
| Michael Sullivan 121 Marine Avenue Balboa Island, CA 92662 | In-Kind Photography Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5-26-99 | 225.00 In-Kind |
| Ernst & Young PAC 1225 Connecticut Avenue, NW Washington, D.C. 20036 | In-Kind Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6-1-99 | 204.60 In-Kind |
| UNITEMIZED EXPENSES | N/A Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1-1-99 thru 6-30-99 | 4088.43 |

SUBTOTAL of Disbursements This Page (optional) 10443.22

TOTAL This Period (last page this line number only) 55498.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| Central Coast Get Out the Vote 5110 Highway 41 East Templeton, CA 93465 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000 | 5-12-99 | 1000.00 |
| B. Full Name, Mailing Address and ZIP Code People's Advocate 3407 Arden Way Sacramento, CA 95825 | Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2500 | Date (month, day, year) 6-30-99 | Amount of Each Disbursement This Period 2500.00 |
| C. Full Name, Mailing Address and ZIP Code Knollenberg for Congress 27867 Orchard Lake Road Farmington Hills, MI 48335 | Purpose of Disbursement US House MI/11th Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$500 | Date (month, day, year) 3-11-99 | Amount of Each Disbursement This Period 500.00 |
| D. Full Name, Mailing Address and ZIP Code Friends of Mike Parker Post Office Box 229 Brookhaven, MS 39602 | Purpose of Disbursement MS GOVERNOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000 | Date (month, day, year) 4-15-99 | Amount of Each Disbursement This Period 1000.00 |
| E. Full Name, Mailing Address and ZIP Code George W. Bush Presidential Exploratory Committee Post Office Box 1902 Austin, TX 78767 | Purpose of Disbursement US President Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000 | Date (month, day, year) 4-1-99 | Amount of Each Disbursement This Period 1000.00 |
| F. Full Name, Mailing Address and ZIP Code Seven Seas Travel 149 Riverside Avenue Newport Beach, CA 92663 | Purpose of Disbursement Travel for N.R.C.C. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 1998 <input type="checkbox"/> Other (specify) YTD \$786 | Date (month, day, year) 2-4-99 | Amount of Each Disbursement This Period 786.00 In-Kind |
| G. Full Name, Mailing Address and ZIP Code N.R.C.C. Incumbent Support Fund 310 First Street, S.E. Washington, D.C. 20003 | Purpose of Disbursement Transfer Excess Funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$25786 | Date (month, day, year) 6-29-99 | Amount of Each Disbursement This Period 25000.00 |
| 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) | 31786.00 |
| TOTAL This Period (last page this line number only) | 31786.00 |

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.

| | |
|-------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 7-28-99 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>SA</i> PREPARER | 7-31-99 DATE PREPARED |