

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 180 EAST MAIN STREET
 Check if different than previously reported. (ACC)
SMITHTOWN NY 11787

2. **FEC IDENTIFICATION NUMBER** C00474395
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 01

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 10 01 2010 through 12 31 2010

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 William Rothaar

Signature of Treasurer Electronically Filed by William Rothaar Date 07 25 2011

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

A. Form/Schedule : **F3A**

Transaction ID :

A loan for \$35,000 was mistakenly placed on the amended Year-End report filed on 06/09/2011. This loan was not made by the candidate and should not have been placed on the amended report.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CHRIS COX FOR CONGRESS

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	17510.00	608823.50
(b) Total Contribution Refunds (from Line 20(d)).....	86200.00	89700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-68690.00	519123.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	74093.12	1730992.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	74093.12	1730992.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1030.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	215000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
CHRIS COX FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	5000.00	537338.00
(i) Itemized (use Schedule A).....	10.00	38485.50
(ii) Unitemized.....	5010.00	575823.50
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	7500.00
(c) Other Political Committees (such as PACS).....	12500.00	25500.00
(d) The Candidate.....	17510.00	608823.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	1215000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1215000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17510.00	1823823.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	74093.12	1730992.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	86200.00	89700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	86200.00	89700.00
21. OTHER DISBURSEMENTS.....	200.00	2100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	160493.12	1822792.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	144013.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17510.00
25. SUBTOTAL (add Line 23 and Line 24).....	161523.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	160493.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1030.57

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

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL CAWLEY

Mailing Address **PO BOX 2180**

City **ARDMORE** State **OK** Zip Code **73402-2180**

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

Name of Employer **NOBLE FOUNDATION** Occupation **PRESIDENT**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **600.00**

Date of Receipt MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.6116

Amount of Each Receipt this Period
600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THEODORE DANFORTH

Mailing Address **PO BOX 508**

City **LOCUST VALLEY** State **NY** Zip Code **11560-0508**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2400.00**

Date of Receipt MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.6114

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD TRUMP

Mailing Address **725 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10022-2519**

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

Name of Employer **TRUMP ORGANIZATION** Occupation **PRESIDENT**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.6112

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY WINICK

Mailing Address **420 EAST 54TH STREET APT. 33H**

City **NEW YORK** State **NY** Zip Code **10022-5179**

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

Name of Employer **WINICK REALTY CO** Occupation **CEO**

Receipt For: Primary General Other (specify) ▼

2010 Election Cycle-to-Date ▼ **1500.00**

Date of Receipt M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: **SA11AI.6048**

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) CHRIS COX FOR CONGRESS
--

A.

Full Name (Last, First, Middle Initial) Mr. Chris N Cox		Date of Receipt
Mailing Address 100 Seafield Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City	State	Zip Code
Westhampton Beach	NY	11978
FEC ID number of contributing federal political committee.		Transaction ID: SA11D.6072
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12500.00"/>
Name of Employer Chris Cox for Congress	Occupation Candidate	Contribution from Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	
		<input type="text" value="25500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12500.00"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Amazon Mailing Address 1200 12th Ave City Seattle State WA Zip Code 98144 Purpose of Disbursement Research Books Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6108 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 142.50
B.	Full Name (Last, First, Middle Initial) Amazon Mailing Address 1200 12th Ave City Seattle State WA Zip Code 98144 Purpose of Disbursement Research Books Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6109 Date of Disbursement 11 / 03 / 2010 Amount of Each Disbursement this Period 147.17
C.	Full Name (Last, First, Middle Initial) Amazon Mailing Address 1200 12th Ave City Seattle State WA Zip Code 98144 Purpose of Disbursement Research Books Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6110 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 18.23

SUBTOTAL of Disbursements This Page (optional) ▶

307.90

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BaseLine Consulting <hr/> Mailing Address 11 Stoney Hill Road <hr/> City New Hope State PA Zip Code 18938 <hr/> Purpose of Disbursement Voter History Research Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6085 Date of Disbursement 12 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Cablevision <hr/> Mailing Address PO Box 371378 <hr/> City Pittsburgh State PA Zip Code 15250 <hr/> Purpose of Disbursement Cable, Internet, Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6084 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 207.48
C.	Full Name (Last, First, Middle Initial) Campaign Tel Ltd. <hr/> Mailing Address 15 East 74th Street <hr/> City New York State NY Zip Code 10021 <hr/> Purpose of Disbursement Voter Outreach Phone Call Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6030 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

16207.48

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6074</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p>B. Full Name (Last, First, Middle Initial) Data Tech Solutions</p> <p>Mailing Address 200 McCormick Dr.</p> <p>City Bohemia State NY Zip Code 11716</p> <p>Purpose of Disbursement Letterhead Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6058</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2081.24</p>
<p>C. Full Name (Last, First, Middle Initial) Data Tech Solutions</p> <p>Mailing Address 200 McCormick Dr.</p> <p>City Bohemia State NY Zip Code 11716</p> <p>Purpose of Disbursement Letterhead Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.6059</p> <p>Date of Disbursement 12 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1439.98</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3531.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Direct Response Strategies <hr/> Mailing Address 4025 Ellicott Street <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement Direct Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6087 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 6884.09
B.	Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address 680 Walt Whitman Rd. <hr/> City Melville State NY Zip Code 11747 <hr/> Purpose of Disbursement Delivery Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6060 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 75.86
C.	Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address 680 Walt Whitman Rd. <hr/> City Melville State NY Zip Code 11747 <hr/> Purpose of Disbursement Delivery Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6061 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 43.66

SUBTOTAL of Disbursements This Page (optional) ▶

7003.61

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6062 Date of Disbursement 10 / 04 / 2010	Amount of Each Disbursement this Period 43.66
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6063 Date of Disbursement 10 / 04 / 2010	Amount of Each Disbursement this Period 17.87
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6064 Date of Disbursement 10 / 13 / 2010	Amount of Each Disbursement this Period 39.39

SUBTOTAL of Disbursements This Page (optional) ▶	100.92
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6065 Date of Disbursement 10 / 13 / 2010 Amount of Each Disbursement this Period 20.09
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6066 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 24.82
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6067 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 17.52

SUBTOTAL of Disbursements This Page (optional) ▶

62.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 38

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6068 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 9.01 Category/Type
B.	Full Name (Last, First, Middle Initial) Hess Mailing Address 3415 Veterans Highway City Ronkonkoma State NY Zip Code 11779 Purpose of Disbursement Fuel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6070 Date of Disbursement 12 / 03 / 2010 Amount of Each Disbursement this Period 25.37 Category/Type
C.	Full Name (Last, First, Middle Initial) Mailchimp.com Mailing Address 512 Means Street City Atlanta State GA Zip Code 30318 Purpose of Disbursement Email Marketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6091 Date of Disbursement 11 / 30 / 2010 Amount of Each Disbursement this Period 75.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

109.38

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NY State Dept of Taxation <hr/> Mailing Address P O Box 4127 <hr/> City Binghamton State NY Zip Code 13902 <hr/> Purpose of Disbursement Tax Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6083 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 2265.68
B.	Full Name (Last, First, Middle Initial) Daniel Pagano <hr/> Mailing Address 2649 Strang Blvd <hr/> City Yorktown Heights State NY Zip Code 10598 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6055 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 14293.00
C.	Full Name (Last, First, Middle Initial) Patton Boggs, LLP <hr/> Mailing Address 2550 M Street Northwest <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6086 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 4512.07

SUBTOTAL of Disbursements This Page (optional) ▶

21070.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2065 Hamilton Ave City San Jose State CA Zip Code 95125 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6107 Date of Disbursement 12 / 03 / 2010 Amount of Each Disbursement this Period 30.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Sparkling Garland Cleaning Mailing Address PO Box 302 City Moriches State NY Zip Code 11955 Purpose of Disbursement Office Cleaning Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6080 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 480.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Teese & Associates, Inc Mailing Address PO Box 474 City St James State NY Zip Code 11780 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6071 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 6499.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

7009.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Independent News Mailing Address 74 Montauk Highway City East Hampton State NY Zip Code 11937 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6079 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 848.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) United States Treasury Mailing Address PO Box 804522 City Cincinnati State OH Zip Code 45280 Purpose of Disbursement Tax Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6100 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 11426.40 Category/ Type
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 20 Alexander Drive City Wallingford State CT Zip Code 06492 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6014 Date of Disbursement 10 / 06 / 2010 Amount of Each Disbursement this Period 1782.01 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

14056.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 20 Alexander Drive City Wallingford State CT Zip Code 06492 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6015 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 406.79
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 20 Alexander Drive City Wallingford State CT Zip Code 06492 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6016 Date of Disbursement 12 / 03 / 2010 Amount of Each Disbursement this Period 801.30
C.	Full Name (Last, First, Middle Initial) Alix Walker Mailing Address 462 Green Hill Rd City Madison State CT Zip Code 06443 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6013 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 342.27

SUBTOTAL of Disbursements This Page (optional) ▶

1550.36

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bradley White

Transaction ID: SB17.6049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

Mailing Address 325 East 92nd St

Amount of Each Disbursement this Period

2117.02

City State Zip Code
New York NY 10128

Purpose of Disbursement
Payroll - Campaign Manager

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bradley White

Transaction ID: SB17.6050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	1	0

Mailing Address 325 East 92nd St

Amount of Each Disbursement this Period

445.00

City State Zip Code
New York NY 10128

Purpose of Disbursement
Payroll - Campaign Manager

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2562.02

TOTAL This Period (last page this line number only)

73571.48

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SOL BARER Mailing Address 625 WESTFIELD AVE City WESTFIELD State NJ Zip Code 07090-3313 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6021 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) MARLENE BERNE Mailing Address 235 EAST 73RD STREET APT. 4A City NEW YORK State NY Zip Code 10021-3655 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6031 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00
C.	Full Name (Last, First, Middle Initial) Nicholas J. Bouras Mailing Address 112 Beekman Road City Summit State NJ Zip Code 07901 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6023 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MR. WILLIAM POLK CAREY	Transaction ID: SB20A.6029 Date of Disbursement 10 / 01 / 2010
	Mailing Address 50 ROCKFELLER PLAZA	Amount of Each Disbursement this Period 2400.00
	City NEW YORK State NY Zip Code 10020-1605	
	Purpose of Disbursement General Contribution Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) JOHN K. CASTLE	Transaction ID: SB20A.6095 Date of Disbursement 10 / 01 / 2010
	Mailing Address 1095 N. OCEAN BLVD.	Amount of Each Disbursement this Period 2400.00
	City PALM BEACH State FL Zip Code 33480-3230	
	Purpose of Disbursement General Contribution Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Andra J. Catsimatidis	Transaction ID: SB20A.6045 Date of Disbursement 10 / 01 / 2010
	Mailing Address 817th Fifth Ave	Amount of Each Disbursement this Period 2400.00
	City New York State NY Zip Code 10065	
	Purpose of Disbursement General Contribution Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) John A. Catsimatidis, Jr. Mailing Address 817th Fifth Avenue City New York State NY Zip Code 10065 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6047 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) MR. HOWARD COX Mailing Address 880 WINTER ST. SUITE 300 City WALTHAM State MA Zip Code 02451-1464 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6010 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) MRS. MAZIE COX Mailing Address P.O. BOX 1106 City ROCKPORT State ME Zip Code 04856-1106 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6011 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tricia Nixon Cox Mailing Address 10 East 70th Street City New York State NY Zip Code 10021 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6033 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) E.L. ECCELSTONE Mailing Address P.O. BOX 3267 City WEST PALM BEACH State FL Zip Code 33402-3267 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6092 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 600.00
C.	Full Name (Last, First, Middle Initial) KRISTEN FISHER Mailing Address 1495 BROADWAY C/O ANCHIN BLOCK ANCHIN City NEW YORK State NY Zip Code 10036-4023 Purpose of Disbursement General Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB20A.6041 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

5400.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) JOHN FITZGIBBONS	Transaction ID: SB20A.6056 Date of Disbursement 10 / 01 / 2010	
	Mailing Address 2 WELLINGTON CIRCLE		
	City BRONXVILLE State NY Zip Code 10708-3011	Amount of Each Disbursement this Period	2400.00
	Purpose of Disbursement General Contribution Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) MR. PETER FLANIGAN	Transaction ID: SB20A.6052 Date of Disbursement 10 / 01 / 2010	
	Mailing Address 299 PARK AVENUE 35TH FLOOR		
	City NEW YORK State NY Zip Code 10171-0002	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement General Contribution Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) MR. BRUCE S. GELB	Transaction ID: SB20A.6037 Date of Disbursement 10 / 01 / 2010	
	Mailing Address 111 EAST 6TH STREET SUITE 211		
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period	1100.00
	Purpose of Disbursement General Contribution Refund		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM LEE HANLEY

Transaction ID: SB20A.6096
Date of Disbursement

Mailing Address 250 JUNGLE ROAD

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
PALM BEACH FL 33480-4812

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
ROBERT J. HARIRI, M.D.

Transaction ID: SB20A.6024
Date of Disbursement

Mailing Address 341 MENDHAM RD.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
BERNARDSVILLE NJ 07924-1205

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
MRS. CHARLENE HAROCHE

Transaction ID: SB20A.6019
Date of Disbursement

Mailing Address 1233 RIMMON ROCK ROAD

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
STAMFORD CT 06903-1107

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. GILBERT HAROCHE

Transaction ID: SB20A.6020
Date of Disbursement

Mailing Address 1233 RIMMON ROCK ROAD

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
STAMFORD CT 06903-1107

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BETTY WOLD JOHNSON

Transaction ID: SB20A.6025
Date of Disbursement

Mailing Address 108 EDGERSTOUNE ROAD

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
PRINCETON NJ 08540-6716

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DARLENE JORDAN

Transaction ID: SB20A.6097
Date of Disbursement

Mailing Address 203 SOUTH LAKE TRAIL

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
PALM BEACH FL 33480-4127

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Gerald L. Jordan, Jr.

Mailing Address 203 South Lake Trail

City State Zip Code
Palm Beach FL 33480

Purpose of Disbursement
General Contribution Refund

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB20A.6099
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)
MR. DENNIS KEEGAN

Mailing Address 13 PARTRIDGE HOLLOW ROAD

City State Zip Code
GREENWICH CT 06831-2662

Purpose of Disbursement
General Contribution Refund

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB20A.6017
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

C.

Full Name (Last, First, Middle Initial)
NEVILLE MCCATHREN

Mailing Address 105 LINCOLN RD

City State Zip Code
LINCOLN MA 01773-3805

Purpose of Disbursement
General Contribution Refund

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB20A.6006
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MRS. CHERYL MCKISSACK

Transaction ID: SB20A.6053
Date of Disbursement

Mailing Address 118 COX AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City ARMONK State NY Zip Code 10504-1913

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MRS. JENNIFER T. MERMEL

Transaction ID: SB20A.6034
Date of Disbursement

Mailing Address 300 E. 75TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City NEW YORK State NY Zip Code 10021-3375

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MR. MYERS MERMEL

Transaction ID: SB20A.6035
Date of Disbursement

Mailing Address 300 E. 75TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City NEW YORK State NY Zip Code 10021-3375

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

--

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Robert C. Odle, Jr.

Transaction ID: SB20A.6089
Date of Disbursement

Mailing Address 476 South Union Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS PETERFFY

Transaction ID: SB20A.6018
Date of Disbursement

Mailing Address 25 CONYERS FARM DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
GREENWICH CT 06831-2736

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
JOHN PHELAN

Transaction ID: SB20A.6040
Date of Disbursement

Mailing Address 645 FIFTH AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
NEW YORK NY 10022-5910

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) MR. PINCHUS RAICE</p> <p>Mailing Address 525 E. 72ND STREET APT. 18-1</p> <p>City NEW YORK State NY Zip Code 10021-9606</p> <p>Purpose of Disbursement General Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.6036</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher W. Ruddy</p> <p>Mailing Address 1120 Bear Island Drive</p> <p>City West Palm Beach State FL Zip Code 33409</p> <p>Purpose of Disbursement General Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.6094</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p>C. Full Name (Last, First, Middle Initial) MR. STEPHEN SCHWARZMAN</p> <p>Mailing Address 345 PARK AVENUE 31ST FLOOR</p> <p>City NEW YORK State NY Zip Code 10154-0004</p> <p>Purpose of Disbursement General Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.6051</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. MARY A. SKATES

Transaction ID: SB20A.6008
Date of Disbursement

Mailing Address 4 BOARDMAN AVENUE
4 BOARDMAN AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
MANCHESTER MA 01944-1406

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MR. RONALD L. SKATES

Transaction ID: SB20A.6009
Date of Disbursement

Mailing Address 4 BOARDMAN AVENUE
4 BOARDMAN AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
MANCHESTER MA 01944-1406

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NICHOLAS TAYLOR

Transaction ID: SB20A.6101
Date of Disbursement

Mailing Address 214 W TEXAS AVE.
SUITE 1101

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
MIDLAND TX 79701-4600

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
BRINKLEY THORNE

Transaction ID: SB20A.6012
Date of Disbursement

Mailing Address 25 LIMEROCK STREET
P.O. BOX 1106 P.O. BOX 1106

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
ROCKPORT ME 04856-6141

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
DUANE THORNE

Transaction ID: SB20A.6007
Date of Disbursement

Mailing Address 105 LINCOLN RD

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
LINCOLN MA 01773-3805

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
MR. OFFER WAIDE

Transaction ID: SB20A.6028
Date of Disbursement

Mailing Address 230 WEST 54TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	0

City State Zip Code
NEW YORK NY 10019-5502

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 38

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. JAMES R. WILLIAMS

Transaction ID: SB20A.6057

Date of Disbursement

Mailing Address 8900 170TH STREET
SUITE 5L

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		0	1		2	0	1	0

City State Zip Code
JAMAICA NY 11432-5309

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
General Contribution Refund

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2400.00

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

85900.00

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

Transaction ID: SC/10.6002

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHRISTOPHER N COX - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 100 SEAFIELD LANE

City WESTHAMPTON BEACH State NY ZIP Code 11978

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

TERMS

Date Incurred: MM/09 DD/09 YY/20 YY/10
 Date Due: _____ Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶ 100000.00
TOTALS This Period (last page in this line only)	▶ _____

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

A. Form/Schedule : **SC/10**

(Current loan balance of 100000.00 has been forgiven)

Transaction ID : **SC/10.6002**

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

Transaction ID: SC/10.6003

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHRISTOPHER N COX - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 100 SEAFIELD LANE

City WESTHAMPTON BEACH State NY ZIP Code 11978

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
115000.00	0.00	115000.00

TERMS

Date Incurred: M M 09 D D 28 Y Y Y Y 2010
Date Due: _____ Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	115000.00
TOTALS This Period (last page in this line only)	▶	215000.00

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

A. Form/Schedule : **SC/10**

(Current loan balance of 115000.00 has been forgiven)

Transaction ID : **SC/10.6003**