

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 04 01 2010 through 06 30 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 Mr. William Rothaar

Signature of Treasurer Electronically Filed by Mr. William Rothaar Date 07 15 2010

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

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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

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)).....	199128.00	438446.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	199128.00	438346.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	475083.53	599795.81
(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)).....	475083.53	599795.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	837800.19	
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).....	1000000.00	

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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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	183501.00	391053.00
(i) Itemized (use Schedule A).....	12127.00	27893.00
(ii) Unitemized.....	195628.00	418946.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3500.00	6500.00
(c) Other Political Committees (such as PACS).....	0.00	13000.00
(d) The Candidate.....	199128.00	438446.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	500000.00	1000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	500000.00	1000000.00
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)..... ▶	699128.00	1438446.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	475083.53	599795.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	750.00	750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	475833.53	600645.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	614505.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	699128.00
25. SUBTOTAL (add Line 23 and Line 24).....	1313633.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	475833.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	837800.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 140
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) MRS. ROBERT S. ABPLANALP	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 10 HEWITT AVENUE	Transaction ID: SA11.1236
	City State Zip Code BRONXVILLE NY 10708-2329	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) R. B. ALBERTSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address P.O. BOX 19	Transaction ID: SA11.1349
	City State Zip Code SAGAPONACK NY 11962-0019	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SANDLER/O NEIL Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation STRATEGIST Election Cycle-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) G. CHRIS ANDERSEN	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 430 PARK AVE	Transaction ID: SA11.1301
	City State Zip Code NEW YORK NY 10022-3505	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer G. C ANDERSEN PARTNERS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INVESTMENT BANKER Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	2000.00
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: (check only one)	PAGE 6 / 140
	<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) SOL BARER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 625 WESTFIELD AVE	Transaction ID: SA11.1371
	City WESTFIELD State NJ Zip Code 07090-3313	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CELGENE Occupation EXEC Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00	

B.	Full Name (Last, First, Middle Initial) SOL BARER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 625 WESTFIELD AVE	Transaction ID: SA11.1373
	City WESTFIELD State NJ Zip Code 07090-3313	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CELGENE Occupation EXEC Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00	

C.	Full Name (Last, First, Middle Initial) SIMON BERGSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 400 WALLIS AVE.	Transaction ID: SA11.1335
	City BRONX State NY Zip Code 10454-1326	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer MANHATTON BEER Occupation EXEC. Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5800.00
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 / 140
(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. DENIS R. BILODEAU

Mailing Address 2672 N. VISTA CREST ROAD

City State Zip Code
ORANGE CA 92867-1765

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
COUNTY OF ORANGE POLICY ADVISOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2010
Transaction ID: SA11.797
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
M. DIANE BODMAN

Mailing Address 2121 KIRBY LANE

City State Zip Code
HOUSTON TX 77019-6035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 04 / 27 / 2010
Transaction ID: SA11.772
 Amount of Each Receipt this Period 1200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SAMUEL W. BODMAN

Mailing Address 2121 KIRBY LANE

City State Zip Code
HOUSTON TX 77019-6035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS SELF EMPLOYED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 04 / 27 / 2010
Transaction ID: SA11.771
 Amount of Each Receipt this Period 1200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2650.00

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 8 / 140
(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)
DAVID BOYLE

Mailing Address 158 ZACCHEUS MEAD LANE

City State Zip Code
GREENWICH CT 06831-3750

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1337

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SHELLEY BUCHANAN

Mailing Address 1017 SAVILE LANE

City State Zip Code
MCLEAN VA 22101-1830

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

Name of Employer Occupation
PJB ENTERPRISES, INC. VICE PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: SA11.709

Amount of Each Receipt this Period
1200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VIRGINIA BURKE

Mailing Address 1127 NORTH LAKE WAY

City State Zip Code
PALM BEACH FL 33480-3248

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11.1323

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2700.00**

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 9 / 140
(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

<p>A. Full Name (Last, First, Middle Initial) MRS. ANN MARTIN CALDER</p> <p>Mailing Address 164 EAST 72ND STREET APT 9C</p> <p>City State Zip Code NEW YORK NY 10021-4363</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0</p> <p>Transaction ID: SA11.775</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MR. DONALD G. CALDER</p> <p>Mailing Address 164 EAST 72ND STREET APT 9C</p> <p>City State Zip Code NEW YORK NY 10021-4363</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF EMPLOYED PRIVATE INVESTOR</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0</p> <p>Transaction ID: SA11.774</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) LAWERENCE DAVID CALLAWAY</p> <p>Mailing Address 250 BARTON AVE.</p> <p>City State Zip Code PALM BEACH FL 33480-6114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation EMS CORP. CEO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11.1328</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	2500.00
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 10 / 140

(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)
PATRICK CANNON

Mailing Address 20 BONNIE DRIVE

City State Zip Code
NORTHPORT NY 11768-1449

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

Name of Employer Occupation
CANNON & ACOSTA ATTORNEY

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1333

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM POLK CAREY

Mailing Address 50 ROCKFELLER PLAZA

City State Zip Code
NEW YORK NY 10020-1605

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

Name of Employer Occupation
WP CAREY & CO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1338

Amount of Each Receipt this Period
4800.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM POLK CAREY

Mailing Address 50 ROCKFELLER PLAZA

City State Zip Code
NEW YORK NY 10020-1605

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

Name of Employer Occupation
WP CAREY & CO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1338B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional)

6800.00

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 11 / 140
(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. WILLIAM POLK CAREY

Mailing Address 50 ROCKFELLER PLAZA

City State Zip Code
NEW YORK NY 10020-1605

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

Name of Employer Occupation
WP CAREY & CO EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1463

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. KEVIN CARTWRIGHT

Mailing Address 24302 FAIRWAY LN

City State Zip Code
CATO DE CAZA CA 92679-4155

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

Name of Employer Occupation
CHAPMAN UNV. DIRECTOR OF DEVELOPMENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: SA11.714

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. BERNADETTE CASTRO

Mailing Address 17 QUAIL HILL ROAD

City State Zip Code
LLOYD HARBOR NY 11743-1020

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

Name of Employer Occupation
REAL ESTATE SELF EMPLOYED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11.1419

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 12 / 140
(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)
MS. BERNADETTE CASTRO

Mailing Address 17 QUAIL HILL ROAD

City State Zip Code
LLOYD HARBOR NY 11743-1020

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

Name of Employer REAL ESTATE Occupation SELF EMPLOYED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2010

Transaction ID: SA11.1442

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN CATSIMATIDIS

Mailing Address 817TH FIFTH AVENUE

City State Zip Code
NEW YORK NY 10065

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

Name of Employer RED APPLE GROUP Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1331

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEWIS CRAMPTON

Mailing Address 2335 SO. OCEAN BLVD

City State Zip Code
PALM BEACH FL 33480-5368

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.783

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 13 / 140
(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. KEITH CURRY

Mailing Address 40 VIENNA

City State Zip Code
NEWPORT BEACH CA 92660-6832

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

Name of Employer Occupation
THE PFM GROUP FINANCIAL ADVISORS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: SA11.717

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE L. DAVIS

Mailing Address 570 PARK AVE

City State Zip Code
NEW YORK NY 10065-7370

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	0

Transaction ID: SA11.1202

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. F. ASHTON DE PEYSTER, III

Mailing Address 306 WORTH AVENUE

City State Zip Code
PALM BEACH FL 33480-6056

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	0

Transaction ID: SA11.801

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 14 / 140

(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. JAMES H. DOUNDOULAKIS

Mailing Address 54 BOWMAN DRIVE

City State Zip Code
GREENWICH CT 06831-3237

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2010

Transaction ID: SA11.1237

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KENNETH M. DUBERSTEIN

Mailing Address 2100 PENNSYLVANIA AVE NW SUITE 500

City State Zip Code
WASHINGTON DC 20037-3202

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

Name of Employer THE DUBERSTEIN GROUP

Occupation

CHAIRMAN AND CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.776

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD N. DUBIN

Mailing Address 4800 MONTGOMERY LANE SUITE 700

City State Zip Code
WASHING MD 20814-3429

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.777

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

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: (check only one)	PAGE 15 / 140
	<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) CHARLES P. DURKIN, JR.		Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 142 E 1ST ST.		Transaction ID: SA11.1292
	City NEW YORK	State NY	Zip Code 10009-7923
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SELF		Occupation INVESTMENTS & FARMING
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) E.L. ECCELSTONE		Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address P.O. BOX 3267		Transaction ID: SA11.778
	City WEST PALM BEACH	State FL	Zip Code 33402-3267
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) E. L. ECCLESTONE		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address P.O. BOX 3267		Transaction ID: SA11.1324
	City WEST PALM BEACH	State FL	Zip Code 33402-3267
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 16 / 140
(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. J. PEPE FANJUL

Mailing Address 105 JUNGLE ROAD

City State Zip Code
PALM BEACH FL 33480-4809

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

Name of Employer Occupation
FLORIDA CRYSTALS CORPORAT- PRESIDENT
ION

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.781

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSE F. FANJUL

Mailing Address 1 N CLEMATIS STREET SUITE 200

City State Zip Code
WEST PALM BEACH FL 33401-5550

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

Name of Employer Occupation
FLORIDA CRYSTALS CORPORAT- EXECUTIVE
ION

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.779

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LOURDES M. FANJUL

Mailing Address 105 JUNGLE ROAD

City State Zip Code
PALM BEACH FL 33480-4809

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

Name of Employer Occupation
HOUSEMAKER HOUSEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.780

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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 17 / 140
(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)
PAMELA S. FARINO

Mailing Address 30 SUMMERSET DRIVE

City State Zip Code
SMITHTOWN NY 11787-1718

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1381

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRED F. FIELDING

Mailing Address 1602 MADDUX LANE

City State Zip Code
MCLEAN VA 22101-3200

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

Name of Employer MORGAN LEWIS
Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11.1303

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH L. FISHEL

Mailing Address 632 BROADWAY 7THFLOOR

City State Zip Code
NEW YORK NY 10012-2614

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

Name of Employer RENAISSANCE PROPERTIES
Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2010

Transaction ID: SA11.1252

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3900.00**

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 18 / 140
(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)
MRS. MAJORIE S. FISHER
 Mailing Address 920 N. LAKE WAY
 City State Zip Code
 PALM BEACH FL 33480-3323
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 1 0
Transaction ID: SA11.773
 Amount of Each Receipt this Period
 2400.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

B. Full Name (Last, First, Middle Initial)
MARIA FISHEL
 Mailing Address 632 BROADWAY 7THFLOOR
 City State Zip Code
 NEW YORK NY 10012-2614
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 1 0
Transaction ID: SA11.1253
 Amount of Each Receipt this Period
 2400.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RENAISSANCE PROPERTIES PRESIDENT
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

C. Full Name (Last, First, Middle Initial)
WILLIAM E. FLATHERTY, III
 Mailing Address P.O. BOX 3349
 City State Zip Code
 PALM BEACH FL 33480-1549
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 1 0
Transaction ID: SA11.769
 Amount of Each Receipt this Period
 500.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 5300.00
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 19 / 140
(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. DANNY FRANK

Mailing Address P.O. BOX 1147

City State Zip Code
MANCHESTER VT 05254-1147

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

Name of Employer DANNYFRANK.COM Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1332

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GAY GAINES

Mailing Address 1473 NORTH OCEAN BLVD

City State Zip Code
PALM BEACH FL 33480-3044

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.782

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL GALAUAKIS

Mailing Address 3356 WISCONSIN AVE

City State Zip Code
SOUTH GATE CA 90280-5945

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

Name of Employer SELF-EMPLOYED Occupation DEVELOPER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 2 / 2 0 1 0

Transaction ID: SA11.718

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 20 / 140
(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)
MRS. SUZANNE GARMENT

Mailing Address 40 E. 21ST ST.
APT. 2

City State Zip Code
NEW YORK NY 10010-7235

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

Name of Employer Occupation
SUZANNE GARMENT, INC. ATTORNEY, EDITOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 01 / 2010

Transaction ID: SA11.694

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRUCE S. GELB

Mailing Address 111 EAST 6TH STREET SUITE 211

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2010

Transaction ID: SA11.1241

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KALLIPE GEMELAS

Mailing Address 107 JEFFERSON AVE

City State Zip Code
PORT JEFFERSON NY 11777-2017

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1342

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 21 / 140
(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)
DR. STEVEN M. GOTTLIEB

Mailing Address 7645 HAWKS LANDING DRIVE

City State Zip Code
WEST PALM BEACH FL 33412-3151

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

Name of Employer ANESTHETIX Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.756

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADELE RICHARD GRANT

Mailing Address 425 WORTH AVENUE APT 4A

City State Zip Code
PALM BEACH FL 33480-4568

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.757

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUDREY GRUSS

Mailing Address 777 S FLAGLER DRIVE SUITE 801E

City State Zip Code
WEST PALM BEACH FL 33401-6161

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

Name of Employer SELF EMPLOYED Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.759

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 22 / 140
(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)
MRS. JAMES B. GUBELMANN

Mailing Address 1 NORTH CLEMATIS STREET SUITE 320

City State Zip Code
WEST PALM BEACH FL 33401-5550

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.784

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN PETER GUTFREUND

Mailing Address 408 EAST 79TH STREET APT 14C

City State Zip Code
NEW YORK NY 10075-1424

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

Name of Employer MERRIMAN CURHAN FORD
Occupation MANAGING DIRECTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 18 / 2010

Transaction ID: SA11.724

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ALICE H. HANLEY

Mailing Address 250 JUNGLE ROAD

City State Zip Code
PALM BEACH FL 33480-4812

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.785

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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 23 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. WILLIAM LEE HANLEY	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Mailing Address 250 JUNGLE ROAD	Transaction ID: SA11.786
	City State Zip Code PALM BEACH FL 33480-4812	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation LEXINGTON MANAGEMEN PRIVATE INVESTOR	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES HAUSLEIN	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Mailing Address 165 S. BEACH RD.	Transaction ID: SA11.1420
	City State Zip Code HOPE SOUND FL 33455-2510	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HAUSLEIN & CO. INVESTMENTS	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) CHRISTINE HEID	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 0
	Mailing Address 245 DOLPHIN DRIVE	Transaction ID: SA11.1350
	City State Zip Code HEWLETT NECK NY 11598-1815	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3400.00
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 24 / 140
(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)
MRS. NINETTA HERBERT

Mailing Address 4100 CALLE ISABELLA

City State Zip Code
SAN CLEMENTE CA 92672-4568

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

Name of Employer Occupation
SELF EMPLOYED PHILANTHROPIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	0

Transaction ID: SA11.723

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. HEYMAN

Mailing Address 133 EAST 4TH ST. APT. 4B

City State Zip Code
NEW YORK NY 10003-9051

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	0

Transaction ID: SA11.1239

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANKLIN HOBBS

Mailing Address 720 PARK AVE

City State Zip Code
NEW YORK NY 10021-4954

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

Name of Employer Occupation
ONE EQUITY PARTNERS PARTNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: SA11.627

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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 25 / 140
(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)
JANE HOLZER
Mailing Address 41 E 65TH ST.
City NEW YORK State NY Zip Code 10065-6508
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation REAL ESTATE
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11.1348
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT HOPKINS
Mailing Address P.O. BOX 7006
City NEWPORT BEACH State CA Zip Code 92658-7006
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation ATTORNEY
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 10 / 2010
Transaction ID: SA11.1395
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAUL J. ISAAC
Mailing Address 75 PROSPECT AVE
City LARCHMONT State NY Zip Code 10538-3634
FEC ID number of contributing federal political committee. **C**
Name of Employer CADOGEM MGMT. Occupation ANALYST
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 06 / 29 / 2010
Transaction ID: SA11.1300
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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 26 / 140
(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)
JAMES W. JACOBS

Mailing Address Requested

City State Zip Code
NEW YORK NY 11787

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11.1233

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HON ERIC M. JAVITS

Mailing Address 150 BRADLEY PLACE

City State Zip Code
PALM BEACH FL 33480-3804

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

Name of Employer RETIRED
Occupation DIPLOMAT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11.800

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER LAWSON JOHNSTON

Mailing Address 215 CARTER ROAD

City State Zip Code
PRINCETON NJ 08540-2104

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11.1326

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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 27 / 140
(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)
DARLENE JORDAN

Mailing Address 203 SOUTH LAKE TRAIL

City State Zip Code
PALM BEACH FL 33480-4127

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.758

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 203 SOUTH LAKE TRAIL

City State Zip Code
PALM BEACH FL 33480-4127

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.787

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD J. JORDAN, JR.

Mailing Address 203 SOUTH LAKE TRAIL

City State Zip Code
PALM BEACH FL 33480-4127

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

Name of Employer SELF EMPLOYED
Occupation PRIVATE INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11.792

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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 28 / 140
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Chris Cox for Congress

A. Full Name (Last, First, Middle Initial)
MR. GERALD J. JORDAN, JR.
Mailing Address 203 SOUTH LAKE TRAIL
City PALM BEACH State FL Zip Code 33480-4127
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PRIVATE INVESTOR
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00
Date of Receipt 04 / 28 / 2010
Transaction ID: SA11.799
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE KALERGIOS
Mailing Address 15 CENTER DR.
City MALBA State NY Zip Code 11357-1072
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11.1376
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMMANUEL A. KAMPOURIS
Mailing Address 622 VAN BEUREN ROAD
City MORRISTOWN State NJ Zip Code 07960-6462
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 06 / 30 / 2010
Transaction ID: SA11.1355
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5300.00
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 29 / 140
(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)
NAMITA KANSAL

Mailing Address 244 FIFTH AVENUE #2272

City State Zip Code
NEW YORK NY 10001-7604

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

Name of Employer Occupation
RAV CONSULTING PARTNER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1347

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LENORE S. KATZ-COHEN

Mailing Address 25 LEAWARD LANE

City State Zip Code
QUOGUE NY 11959

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1345

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD M. KENDALL

Mailing Address 700 ANDERSON HILL ROAD

City State Zip Code
PURCHASE NY 10577-1401

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

Name of Employer Occupation
PEPSI CO FORMER CHAIRMAN AND CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1364

Amount of Each Receipt this Period
2500.00

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 30 / 140
(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. DONALD M. KENDALL

Mailing Address 700 ANDERSON HILL ROAD

City State Zip Code
PURCHASE NY 10577-1401

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

Name of Employer Occupation
PEPSI CO FORMER CHAIRMAN AND CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1364B

Amount of Each Receipt this Period
-100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. DONALD M. KENDALL

Mailing Address 700 ANDERSON HILL ROAD

City State Zip Code
PURCHASE NY 10577-1401

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

Name of Employer Occupation
PEPSI CO FORMER CHAIRMAN AND CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1467

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. KENNETH KHACHIGIAN

Mailing Address 501 WEST LOBOS MARINOS

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Occupation
BROWNSTEIN HYATT FARBER SCHRECK LLP ATTORNEY

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11.1460

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 31 / 140
(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. STEVEN KNOBLOCK
Mailing Address 1 MANACAY

City State Zip Code
SAN CLEMENTE CA 92672-6049

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

Name of Employer Occupation
LUA FORWARD ATTORNEY

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2010

Transaction ID: SA11.715

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD KOPPELMAN
Mailing Address 84 GLENVILLE RD

City State Zip Code
GREENWICH CT 06831-4433

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS MILLER SPORTSCARS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2010

Transaction ID: SA11.1404

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TOM C. KOROLOGOS
Mailing Address 3150 SOUTH STREET, NW 2A

City State Zip Code
WASHINGTON DC 20007-4400

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

Name of Employer Occupation
TCK INTERNATIONAL, LLC CONSULTANT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1354

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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: (check only one)	PAGE 32 / 140
	<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) MICHAEL A. KOVNER	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 62 BROOKSIDE DRIVE	Transaction ID: SA11.1232
	City State Zip Code GREENWICH CT 06830-6423	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) MR. BEN KRUPINSKI	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 99 NEWTON LANE	Transaction ID: SA11.704
	City State Zip Code EAST HAMPTON NY 11937-2474	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF EMPLOYED Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation GENERAL CONTRACTOR Election Cycle-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) M. STEVEN LANGMAN	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 630 FIFTH 7TH FLOOR	Transaction ID: SA11.1327
	City State Zip Code NEW YORK NY 10111-0100	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	2000.00
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: (check only one)	PAGE 33 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) MR. ALAN LASKA	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 26 COB DRIVE	Transaction ID: SA11.1402
	City WESTPORT State CT Zip Code 06880-2113	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer KELLEY DRYE & WARREN LLP Occupation ATTORNEY Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) MR. BRYAN LAWRENCE	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 580 PARK AVENUE	Transaction ID: SA11.805
	City NEW YORK State NY Zip Code 10065-7313	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer YORKTOWN PARTNERS LLC Occupation INVESTOR Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2400.00	

C.	Full Name (Last, First, Middle Initial) BARBARA W. LEHMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 101 WARREN STREET	Transaction ID: SA11.1367
	City NEW YORK State NY Zip Code 10007-1366	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2400.00	

SUBTOTAL of Receipts This Page (optional)	5300.00
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 34 / 140
(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. GEORGE LENCE

Mailing Address 14 HEMLOCK DR

City State Zip Code
SLEEPY HOLLOW NY 10591-1031

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

Name of Employer Occupation
NICHOLAS & LENCE COMMUNICATIONS PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1372

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NORMAN LEVEDAHL

Mailing Address 1461 - 5TH STREET

City State Zip Code
SACRAMENTO CA 95814-5420

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: SA11.733

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HON. JOHN LOEB

Mailing Address 50 BROAD STREET
SUITE 1137

City State Zip Code
NEW YORK NY 10004-2378

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

Name of Employer Occupation
INVESTOR SELF EMPLOYED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1426

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 35 / 140
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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

<p>A. Full Name (Last, First, Middle Initial) A. DENISE LUCCIO</p> <p>Mailing Address 289 SOUTH LAKE TRAIL</p> <p>City State Zip Code PALM BEACH FL 33480-4127</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NA NA</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2400.00</p>	<p>Date of Receipt 04 / 28 / 2010</p> <p>Transaction ID: SA11.798</p> <p>Amount of Each Receipt this Period 2400.00</p> <p>CONTRIBUTION</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) CAROL MACK</p> <p>Mailing Address 1950 S OCEAN BLVD</p> <p>City State Zip Code PALM BEACH FL 33480-5100</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 27 / 2010</p> <p>Transaction ID: SA11.760</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) JOHN MADDEN</p> <p>Mailing Address 1112 PARK AVENUE</p> <p>City State Zip Code NEW YORK NY 10128-1235</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SHEARMAN & STERLING LLP ATTORNEY</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 27 / 2010</p> <p>Transaction ID: SA11.761</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
---	---

SUBTOTAL of Receipts This Page (optional)	4400.00
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 36 / 140
(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. STEVEN MAJAMI

Mailing Address 875 COMSTOCK AVENUE
#14C

City State Zip Code
LOS ANGELES CA 90024-2571

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

Name of Employer Occupation
GULF CAPITAL PARTNERS PARTNER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11.720

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DIANE MARTIN

Mailing Address 3900 CATHEDRAL AVENUE NW APT. 304A

City State Zip Code
WASHINGTON DC 20016-5201

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

Name of Employer Occupation
STUDENT STUDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1365

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROMAN MARTINEZ, IV

Mailing Address 555 PARK AVE.

City State Zip Code
NEW YORK NY 10065-8166

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1366

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 37 / 140
(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)
MRS. ARYNE Q. MASSEY

Mailing Address 4431 TYNE BLVD

City State Zip Code
NASHVILLE TN 37215-4537

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11.762

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address 105 LINCOLN RD

City State Zip Code
LINCOLN MA 01773-3805

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: SA11.629

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 105 LINCOLN RD

City State Zip Code
LINCOLN MA 01773-3805

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: SA11.631

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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 38 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. STEPHEN M. MCPHERSON		Date of Receipt
	Mailing Address 555 PARK AVENUE		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NEW YORK	NY	10065-8166
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.746
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION	
Election Cycle-to-Date ▼		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) ROSCOE MELLOR		Date of Receipt
	Mailing Address 11 W 8TH ST. APT. 6F		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NEW YORK	NY	10011-9037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1341
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION	
Election Cycle-to-Date ▼		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) MICHAEL MERLO		Date of Receipt
	Mailing Address 9 MAPLES STREET		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	GARDEN CITY	NY	11530-1812
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.1374
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION	
Election Cycle-to-Date ▼		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 140
(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)
PRISCILLA C. MILLER

Mailing Address 225 VIA TORTUGA

City State Zip Code
PALM BEACH FL 33480-3638

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

Name of Employer Occupation
VOLUNTEER RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11.802

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 320 PARK AVENUE
C/O MUTUAL OF AMERICA

City State Zip Code
NEW YORK NY 10022-6815

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

Name of Employer Occupation
MUTUAL OF AMERICA INSURANCE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11.1421

Amount of Each Receipt this Period
1.00

CONTRIBUTION

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

Mailing Address 320 PARK AVENUE
C/O MUTUAL OF AMERICA

City State Zip Code
NEW YORK NY 10022-6815

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

Name of Employer Occupation
MUTUAL OF AMERICA INSURANCE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1427

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2001.00**

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 40 / 140
(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. STEPHEN E. MYERS

Mailing Address 28 W. GRAND AVENUE

City State Zip Code
MONTVALE NJ 07645-2100

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.763

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES L. NEDERLANDER

Mailing Address 1450 BROADWAY 6TH FLOOR

City State Zip Code
NEW YORK NY 10018-2201

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

Name of Employer NEDERLANDER ORGANIZATION
Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11.1302

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CRISTYNE NICHOLAS

Mailing Address 14 HEMLOCK DRIVE

City State Zip Code
SLEEPY HOLLOW NY 10591-1031

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

Name of Employer NLO STRATEGIES
Occupation PARTNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1384

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 41 / 140
(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. ROBERT C. ODLE, JR.
Mailing Address 476 SOUTH UNION STREET

City State Zip Code
ALEXANDRIA VA 22314-3826

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

Name of Employer WEIL GOTSHAL AND MANGES Occupation PARTNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11.1339
 Amount of Each Receipt this Period
 4800.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. ODLE, JR.
Mailing Address 476 SOUTH UNION STREET

City State Zip Code
ALEXANDRIA VA 22314-3826

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

Name of Employer WEIL GOTSHAL AND MANGES Occupation PARTNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11.1339B
 Amount of Each Receipt this Period
 -2400.00
CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C. ODLE, JR.
Mailing Address 476 SOUTH UNION STREET

City State Zip Code
ALEXANDRIA VA 22314-3826

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

Name of Employer WEIL GOTSHAL AND MANGES Occupation PARTNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11.1465
 Amount of Each Receipt this Period
 2400.00
CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ► 4800.00

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 42 / 140
(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. DAVID N. PARKER

Mailing Address 6621 MADISON MC LEAN DRIVE

City State Zip Code
MC LEAN VA 22101-2902

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

Name of Employer Occupation
AMERICAN GAS ASSOCIATION PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1362

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID C. PATTERSON

Mailing Address 880 THIRD AVENUE
3RD FLOOR

City State Zip Code
NEW YORK NY 10022-4730

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

Name of Employer Occupation
BRANDYWINE MGMT SERVICES PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: SA11.742

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL PAUL

Mailing Address 103 WAVERLY PLAGE

City State Zip Code
NEW YORK NY 10011-9110

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

Name of Employer Occupation
WASHINGTON SQUARE HOTEL HOTEL ADMINISTRATOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: SA11.702

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 43 / 140
(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. THOMAS PETERFFY

Mailing Address 25 CONYERS FARM DRIVE

City State Zip Code
GREENWICH CT 06831-2736

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

Name of Employer Occupation
INTERACTIVE BROKERS GROUP CHAIRMAN & CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2010

Transaction ID: SA11.1452

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

4800.00

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

Mailing Address 25 CONYERS FARM DRIVE

City State Zip Code
GREENWICH CT 06831-2736

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

Name of Employer Occupation
INTERACTIVE BROKERS GROUP CHAIRMAN & CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2010

Transaction ID: SA11.1461

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

4800.00

C. Full Name (Last, First, Middle Initial)
MRS. EILEEN PETTUS

Mailing Address 455 EAST 51ST ST
6B

City State Zip Code
NEW YORK NY 10022-6474

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

Name of Employer Occupation
JP MORGAN RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 08 / 2010

Transaction ID: SA11.710

Amount of Each Receipt this Period
500.00

CONTRIBUTION

500.00

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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 44 / 140
(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)
ALEXANDRA V. PREATE

Mailing Address 245 EAST 63RD ST.

City State Zip Code
NEW YORK NY 10065-7466

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

Name of Employer Occupation
CAPITAL HQ MANAGING DIRECTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11.1346

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM D. PROIETTO

Mailing Address 27 WEST HAVEN DRIVE

City State Zip Code
EAST NORTHPORT NY 11731-6533

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

Name of Employer Occupation
GEICO ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: SA11.1387

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CLAYTON A. PRUGH

Mailing Address P.O. BOX 65

City State Zip Code
COLD SPRING HARBOR NY 11724-0065

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	0

Transaction ID: SA11.1307

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 45 / 140
(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. RICHARD QUINN

Mailing Address 164 N. SHAFFER STREET

City ORANGE State CA Zip Code 92866-1607

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

Name of Employer NIXON FOUNDATION Occupation EXEC VP/COO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: SA11.1392
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DONALD REILLY

Mailing Address 30 DARTMOUTH DRIVE

City SMITHTOWN State NY Zip Code 11787-2007

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

Name of Employer SUFFOLK COUNTY Occupation DETECTIVE INVESTIGATOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 14 / 2010
Transaction ID: SA11.1412
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DWIGHT ROBINSON

Mailing Address 22591 KILLY STREET

City LAKE FOREST State CA Zip Code 92630-4620

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

Name of Employer LOS ANGELES HARBOR GRAIN Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2010
Transaction ID: SA11.716
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 46 / 140
(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)
LESILE ROSE

Mailing Address 330 S OCEAN BLVD

City State Zip Code
PALM BEACH FL 33480-4214

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11.764

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HOWARD J. RUBENSTEIN

Mailing Address 1345 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10105-0302

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

Name of Employer Occupation
RUBENSTEIN ASSOC. PUBLICIST

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1369

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER W. RUDDY

Mailing Address 1120 BEAR ISLAND DRIVE

City State Zip Code
WEST PALM BEACH FL 33409-2005

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

Name of Employer Occupation
NEWSMAX.COM FOUNDER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11.1298

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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 47 / 140
(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. CHRISTOPHER W. RUDDY

Mailing Address 1120 BEAR ISLAND DRIVE

City State Zip Code
WEST PALM BEACH FL 33409-2005

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

Name of Employer Occupation
NEWSMAX.COM FOUNDER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11.1299

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

4800.00

B. Full Name (Last, First, Middle Initial)
MR. ELLA RUFF

Mailing Address 529 RUFF RD.

City State Zip Code
MARGARETVILLE NY 12455-2218

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1351

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

1250.00

C. Full Name (Last, First, Middle Initial)
MR. ELLA RUFF

Mailing Address 529 RUFF RD.

City State Zip Code
MARGARETVILLE NY 12455-2218

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 02 / 2010

Transaction ID: SA11.625

Amount of Each Receipt this Period
250.00

CONTRIBUTION

1250.00

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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 48 / 140
(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. NICHOLAS SAKELLARIADIS

Mailing Address 639 W END AVE. APT. 14A

City State Zip Code
NEW YORK NY 10025-7343

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

Name of Employer Occupation
CITIGROUP BANKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1340

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH SANO

Mailing Address 333 EAST 66TH STREET

City State Zip Code
NEW YORK NY 10065-6227

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

Name of Employer Occupation
ST. FRANCIS FOOD PANTRIES AND SHELTERS MANAGING DIRECTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1428

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD SCHECHTER

Mailing Address 12765 W FOREST HILL BLVD SUITE 130

City State Zip Code
WELLINGTON FL 33414-4722

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.765

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 49 / 140
(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)
SUSAN G. SCHLOMANN

Mailing Address Requested

City State Zip Code
New York NY 10007

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1380

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WARREN L. SCHWERIN

Mailing Address 19 DAYTON LANE

City State Zip Code
EAST HAMPTON NY 11937-2415

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
M M / D D / Y Y Y Y Y
06 / 16 / 2010

Transaction ID: SA11.1235

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE G. SEMERJIAN

Mailing Address P.O. BOX 112

City State Zip Code
SOUTHAMPTON NY 11969-0112

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1389

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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 50 / 140
(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. CHARLES SEVEN

Mailing Address 3 RUE FOUNTAINBLEAU

City State Zip Code
NEWPORT BEACH CA 92660-5928

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

Name of Employer Occupation
CEO TRANSWORLD BENEFITS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2010

Transaction ID: SA11.706

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JEAN SHAFIROFF

Mailing Address 635 PARK AVENUE

City State Zip Code
NEW YORK NY 10065-6546

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

Name of Employer Occupation
SELF EMPLOYED SELF EMPLOYED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1430

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 4 BOARDMAN AVENUE
4 BOARDMAN AVENUE

City State Zip Code
MANCHESTER MA 01944-1406

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.767

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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: (check only one)	PAGE 51 / 140
	<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. MARY A. SKATES	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 4 BOARDMAN AVENUE 4 BOARDMAN AVENUE	Transaction ID: SA11.789
	City State Zip Code MANCHESTER MA 01944-1406	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Election Cycle-to-Date ▼ 4800.00

B.	Full Name (Last, First, Middle Initial) MR. RONALD L. SKATES	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 4 BOARDMAN AVENUE 4 BOARDMAN AVENUE	Transaction ID: SA11.766
	City State Zip Code MANCHESTER MA 01944-1406	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF EMPLOYED Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PRIVATE INVESTOR Election Cycle-to-Date ▼ 4800.00

C.	Full Name (Last, First, Middle Initial) MR. RONALD L. SKATES	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 4 BOARDMAN AVENUE 4 BOARDMAN AVENUE	Transaction ID: SA11.788
	City State Zip Code MANCHESTER MA 01944-1406	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF EMPLOYED Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PRIVATE INVESTOR Election Cycle-to-Date ▼ 4800.00

SUBTOTAL of Receipts This Page (optional)	7200.00
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 52 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) DEAN SPANOS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4020 MURPHY CANYON ROAD	Transaction ID: SA11.1353
	City State Zip Code SAN DIEGO CA 92123-4407	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SAN DIEGO CHARGERS PRESIDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) L. STEPHAICH	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 265 EMERALD LANE	Transaction ID: SA11.770
	City State Zip Code PALM BEACH FL 33480-3613	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) BRINKLEY THORNE	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 25 LIMEROCK STREET P.O. BOX 1106 P.O. BOX 1106	Transaction ID: SA11.768
	City State Zip Code ROCKPORT ME 04856-6141	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS SELF EMPLOYED	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	4400.00
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 53 / 140
(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) BRINKLEY THORNE		Date of Receipt
	Mailing Address 25 LIMEROCK STREET P.O. BOX 1106 P.O. BOX 1106		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City ROCKPORT	State ME	Zip Code 04856-6141
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.790
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation SELF EMPLOYED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="4800.00"/>	<input type="text" value="2400.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) DUANE THORNE		Date of Receipt
	Mailing Address 105 LINCOLN RD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City LINCOLN	State MA	Zip Code 01773-3805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.628
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="4800.00"/>	<input type="text" value="2400.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) DUANE THORNE		Date of Receipt
	Mailing Address 105 LINCOLN RD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City LINCOLN	State MA	Zip Code 01773-3805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.630
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="4800.00"/>	<input type="text" value="2400.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 54 / 140
(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)
PETER TSANTES

Mailing Address 12 JOHN WAY

City State Zip Code
HAUPPAUGE NY 11788

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1343

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. VASILIKY TURNER

Mailing Address 7 SMITH LANE

City State Zip Code
CENTEREACH NY 11720-3866

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1431

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROL VONGLIS

Mailing Address 176 WYKAGYL TERRACE

City State Zip Code
NEW ROCHELLE NY 10804-3121

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

Name of Employer Occupation
VERIZON SR. PRICING MANAGER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1385

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 55 / 140

(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)
MRS. BARBARA WAINSCOTT
Mailing Address 480 PARK AVE.

City State Zip Code
NEW YORK NY 10022-1613

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2010

Transaction ID: SA11.705

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LEON WEIL
Mailing Address 455 E 51ST ST.

City State Zip Code
NEW YORK NY 10022-6474

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

Name of Employer Occupation
JAMMEY/MONTGOMERY FINANCIAL CONSULTANT

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: SA11.1334

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LEE WEINGART
Mailing Address 1220 HURRON RD

City State Zip Code
CLEVELAND OH 44115-1721

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

Name of Employer Occupation
LINE GROUP LOBBYIST

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2010

Transaction ID: SA11.712

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4400.00

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 56 / 140
(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)
LYNNE M. WHEAT

Mailing Address 17 MEADOWCROFT LANE

City State Zip Code
GREENWICH CT 06830-3823

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	0

Transaction ID: SA11.1238

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. J.B. WHELIHAN

Mailing Address 4720 QUEBEC STREET

City State Zip Code
WASHINGTON DC 20016-3227

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	0

Transaction ID: SA11.793

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FRED WHITAKER

Mailing Address 631 E. JEFFERSON AVENUE

City State Zip Code
ORANGE CA 92866-1105

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	0

Transaction ID: SA11.803

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 57 / 140
(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. JEFFREY WINICK

Mailing Address 420 EAST 54TH STREET APT. 33H

City State Zip Code
NEW YORK NY 10022-5179

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

Name of Employer Occupation
WINICK REALTY CO CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1390

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN YOUNGER

Mailing Address PATTERSON BELKNAP WEBB & TYLER LLP
1133 AVENUE OF AMERICAS

City State Zip Code
NEW YORK NY 10036-6710

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

Name of Employer Occupation
PATTERSON BELKNAP WEBB & TYLER ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1432

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS ZOULLAS

Mailing Address 29 BROADWAY ROOM 1110

City State Zip Code
NEW YORK NY 10006-3201

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

Name of Employer Occupation
NORLAND SHIPPING EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11.1344

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	3400.00
TOTAL This Period (last page this line number only)	▶	183501.00

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

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

FOR LINE NUMBER: PAGE 58 / 140

(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)
ALBANIAN AMERICAN PAC

Mailing Address 1940 COMMERCE STREET
SUITE 108

City State Zip Code
YORKTOWN HEIGHTS NY 10598-4447

FEC ID number of contributing federal political committee. **C** C00278689

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11.755

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER COX FOR CONGRESS

Mailing Address P.O. BOX 8088C

City State Zip Code
NEWPORT BEACH CA 92658-8088

FEC ID number of contributing federal political committee. **C** C00223297

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11.754

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MEDCO HEALTH PAC

Mailing Address 2350 KERNER BLVD. SUITE 250

City State Zip Code
SAN RAFAEL CA 94901-5594

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11.1357

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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 59 / 140
(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)
ROYCE CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 2525

City State Zip Code
ORANGE CA 92859-0525

FEC ID number of contributing federal political committee. **C** C00200865

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11.791

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)	▶	3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 140
 (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 Christopher Nixon Cox

Mailing Address 100 Seafild Lane

City State Zip Code
Westhampton Beach NY 11978

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: Loan2

Amount of Each Receipt this Period
500000.00

Loans Received from the Candidate

SUBTOTAL of Receipts This Page (optional)	▶	500000.00
TOTAL This Period (last page this line number only)	▶	500000.00

**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)
David Atkins

Transaction ID: CCFC103
Date of Disbursement

Mailing Address 55 West 26th Street
Apartment 9C

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	0

City State Zip Code
New York NY 10010

Amount of Each Disbursement this Period

2146.70

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

000

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
Amtrak

Transaction ID: MEM16
Date of Disbursement

Mailing Address 60 Massachusetts Ave. NE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

771.68

Purpose of Disbursement
Train Fare

000

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jet Blue Airlines

Transaction ID: MEM13
Date of Disbursement

Mailing Address 6322 S. 3000 E.
Ste G50

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	0

City State Zip Code
Salt Lake City UT 84121

Amount of Each Disbursement this Period

650.42

Purpose of Disbursement
Airfare

000

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2146.70

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 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) NYC Taxi <hr/> Mailing Address 3202 Queens Boulevard <hr/> City Long Island State NY Zip Code 11101 <hr/> Purpose of Disbursement April Taxi Fares Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM15 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 539.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS <hr/> Mailing Address 101 West High Street <hr/> City Mount Vernon State OH Zip Code 43050 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM14 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 724.60 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) David Atkins <hr/> Mailing Address 55 West 26th Street Apartment 9C <hr/> City New York State NY Zip Code 10010 <hr/> Purpose of Disbursement Payroll - Finance Director Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 6000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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 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) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.2 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.3 Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.4 Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.5</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.6</p> <p>Date of Disbursement 06 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7418.81

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) Brooke Emery <hr/> Mailing Address 112 Narragansett Villas Drive <hr/> City Lindenhurst State NY Zip Code 11757 <hr/> Purpose of Disbursement Payroll - Assistant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.8 Date of Disbursement 06 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 1418.81
B.	Full Name (Last, First, Middle Initial) Josh Geleris <hr/> Mailing Address 1900 South Eads Street Apartment 217 <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement Payroll - Field Representative Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.10 Date of Disbursement 06 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Josh Geleris <hr/> Mailing Address 1900 South Eads Street Apartment 217 <hr/> City Arlington State VA Zip Code 22202 <hr/> Purpose of Disbursement Payroll - Field Representative Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.9 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	6418.81
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 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.</p> <p>Full Name (Last, First, Middle Initial) Eileen Laffey</p> <p>Mailing Address 30 Reeves Road</p> <p>City Port Jefferson State NY Zip Code 11777</p> <p>Purpose of Disbursement Housing Allowance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.11</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1462.50</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Eileen Laffey</p> <p>Mailing Address 30 Reeves Road</p> <p>City Port Jefferson State NY Zip Code 11777</p> <p>Purpose of Disbursement Housing Allowance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.12</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 975.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David Laska</p> <p>Mailing Address 26 Cob Drive</p> <p>City Westport State CT Zip Code 06880</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.13</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 854.10</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3291.60

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) David Laska Mailing Address 26 Cob Drive City Westport State CT Zip Code 06880 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.14 Date of Disbursement 06 / 28 / 2010 Amount of Each Disbursement this Period 854.10 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Michael Levoff Mailing Address 101 West 24th Street Apartment 270 City New York State NY Zip Code 10011 Purpose of Disbursement Payroll - Communications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.15 Date of Disbursement 04 / 02 / 2010 Amount of Each Disbursement this Period 2444.22 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Michael Levoff Mailing Address 101 West 24th Street Apartment 270 City New York State NY Zip Code 10011 Purpose of Disbursement Payroll - Communications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.16 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 2444.22 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

5742.54

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) Michael Levoff Mailing Address 101 West 24th Street Apartment 270 City New York State NY Zip Code 10011 Purpose of Disbursement Payroll - Communications 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: 00	Transaction ID: SB.17 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">2444.22</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	1	0	2444.22
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	8		2	0	1	0														
2444.22																							
B.	Full Name (Last, First, Middle Initial) Michael Levoff Mailing Address 101 West 24th Street Apartment 270 City New York State NY Zip Code 10011 Purpose of Disbursement Payroll - Communications 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: 00	Transaction ID: SB.18 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">2444.22</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0	2444.22
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	4		2	0	1	0														
2444.22																							
C.	Full Name (Last, First, Middle Initial) Michael Levoff Mailing Address 101 West 24th Street Apartment 270 City New York State NY Zip Code 10011 Purpose of Disbursement Payroll - Communications 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: 00	Transaction ID: SB.19 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">2444.23</td> </tr> </table> 001 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	0	2444.23
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	5		2	0	1	0														
2444.23																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">7332.67</td> </tr> </table>	7332.67
7332.67		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

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) Michael Levoff <hr/> Mailing Address 101 West 24th Street Apartment 270 <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Payroll - Communications Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.20 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2444.23
B.	Full Name (Last, First, Middle Initial) Brent Perrin <hr/> Mailing Address 30 Reeves Road <hr/> City Port Jefferson State NY Zip Code 11777 <hr/> Purpose of Disbursement Payroll - Political Director Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.21 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1523.86
C.	Full Name (Last, First, Middle Initial) Brent Perrin <hr/> Mailing Address 30 Reeves Road <hr/> City Port Jefferson State NY Zip Code 11777 <hr/> Purpose of Disbursement Payroll - Political Director Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.22 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1523.86

SUBTOTAL of Disbursements This Page (optional) ▶

5491.95

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) Brent Perrin</p> <p>Mailing Address 30 Reeves Road</p> <p>City Port Jefferson State NY Zip Code 11777</p> <p>Purpose of Disbursement Payroll - Political Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.23</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1432.78</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Brent Perrin</p> <p>Mailing Address 30 Reeves Road</p> <p>City Port Jefferson State NY Zip Code 11777</p> <p>Purpose of Disbursement Payroll - Political Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.24</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1523.86</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Brent Perrin</p> <p>Mailing Address 30 Reeves Road</p> <p>City Port Jefferson State NY Zip Code 11777</p> <p>Purpose of Disbursement Payroll - Political Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.25</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1523.86</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4480.50

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 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) Brent Perrin Mailing Address 30 Reeves Road City Port Jefferson State NY Zip Code 11777 Purpose of Disbursement Payroll - Political Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.26 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0 Amount of Each Disbursement this Period 1523.86 Category/ Type 001
B.	Full Name (Last, First, Middle Initial) Marshall Salter Mailing Address 308 West Myrtle Street City Alexandria State VA Zip Code 22301 Purpose of Disbursement Strategic / Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.27 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0 Amount of Each Disbursement this Period 10000.00 Category/ Type 001
C.	Full Name (Last, First, Middle Initial) Marshall Salter Mailing Address 308 West Myrtle Street City Alexandria State VA Zip Code 22301 Purpose of Disbursement Strategic / Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.28 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 5000.00 Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

16523.86

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) Frank Seabrook</p> <p>Mailing Address 1791 Wading River Manor Road</p> <p>City Wading River State NY Zip Code 11792</p> <p>Purpose of Disbursement Online Advertising</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: SB.208 Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1125.00</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd St</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CCFC100 Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 318.56</p> <p>000 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2554 Broadway</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Office Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM1 Date of Disbursement 04 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 318.56</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1443.56

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) Bradley White</p> <p>Mailing Address 325 East 92nd St</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CCFC101 Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 449.88</p> <p>000 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Shelter Island Ferry</p> <p>Mailing Address 135 South Ferry Road</p> <p>City Shelter Island State NY Zip Code 11964</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM8 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 69.00</p> <p>000 Category/Type</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Sunoco Smithtown</p> <p>Mailing Address 303 Maple Ave.</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM6 Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 42.00</p> <p>000 Category/Type</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

449.88

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) Sunoco Smithtown Mailing Address 303 Maple Ave. City Smithtown State NY Zip Code 11787 Purpose of Disbursement Fuel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM7 Date of Disbursement 04 / 19 / 2010	Amount of Each Disbursement this Period 46.03 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sunoco Smithtown Mailing Address 303 Maple Ave. City Smithtown State NY Zip Code 11787 Purpose of Disbursement Fuel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM9 Date of Disbursement 04 / 07 / 2010	Amount of Each Disbursement this Period 48.50 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CCFC104 Date of Disbursement 05 / 28 / 2010	Amount of Each Disbursement this Period 390.00

SUBTOTAL of Disbursements This Page (optional) ▶

390.00

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) Phoenix Transports <hr/> Mailing Address 105 Washington Street <hr/> City New York State NY Zip Code 10006 <hr/> Purpose of Disbursement Office Moving Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM17 Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 390.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Bradley White <hr/> Mailing Address 325 East 92nd St <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CCFC105 Date of Disbursement 06 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 390.00
C.	Full Name (Last, First, Middle Initial) Phoenix Transports <hr/> Mailing Address 105 Washington Street <hr/> City New York State NY Zip Code 10006 <hr/> Purpose of Disbursement Office Moving Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEM18 Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 390.00

SUBTOTAL of Disbursements This Page (optional) ▶	780.00
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

<p>A. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.29 Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2117.03</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.30 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2117.03</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.31 Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2117.03</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6351.09

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) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.32 Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2117.03</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Toll Reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.33 Date of Disbursement 05 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 188.37</p> <p>002 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.34 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2117.02</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4422.42

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) Bradley White</p> <p>Mailing Address 325 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Payroll - Campaign Manager</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.35</p> <p>Date of Disbursement 06 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2117.02</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lanny Wiles</p> <p>Mailing Address 2110 Oak Hammock Drive</p> <p>City Ponte Vedra State FL Zip Code 32083</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CCFC102</p> <p>Date of Disbursement 05 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2003.89</p> <p>000 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bobby Van's</p> <p>Mailing Address 2393 Montauk Highway</p> <p>City Bridgehampton State NY Zip Code 11932</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM12</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 432.65</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4120.91

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) Hertz Car Rental</p> <p>Mailing Address 225 Brae Boulevard</p> <p>City Park Ridge State NJ Zip Code 07656</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM10</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 539.90</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address 2702 Love Field Drive</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: MEM11</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 653.80</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Lanny Wiles</p> <p>Mailing Address 2110 Oak Hammock Drive</p> <p>City Ponte Vedra State FL Zip Code 32082</p> <p>Purpose of Disbursement Strategic / Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.36</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)
Lanny Wiles

Transaction ID: SB.37
Date of Disbursement

Mailing Address 2110 Oak Hammock Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

City State Zip Code
Ponte Vedra FL 32083

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Strategic / Political Consulting
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
Mary Williamson

Transaction ID: SB.38
Date of Disbursement

Mailing Address 19142 East Euclid Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	0

City State Zip Code
Centennial CO 80016

Amount of Each Disbursement this Period

359.49

Purpose of Disbursement
Payroll - Assistant
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
180 East Main LLC - Damianos Relaty Group

Transaction ID: SB.39
Date of Disbursement

Mailing Address 222 Middle Country Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	0

City State Zip Code
Smithtown NY 11787

Amount of Each Disbursement this Period

4500.00

Purpose of Disbursement
Office Rent
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional)

12359.49

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 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) Bagel Lovers <hr/> Mailing Address 136 East Main Street <hr/> City Riverhead State NY Zip Code 11901 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.43 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 8.80
B.	Full Name (Last, First, Middle Initial) Bagel Lovers <hr/> Mailing Address 136 East Main Street <hr/> City Riverhead State NY Zip Code 11901 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.44 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3.05
C.	Full Name (Last, First, Middle Initial) Bellmore Home Center <hr/> Mailing Address 822 Fort Salonga Road <hr/> City Northport State NY Zip Code 11768 <hr/> Purpose of Disbursement Hardware Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.45 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 12.97

SUBTOTAL of Disbursements This Page (optional) ▶

24.82

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) Bellwether Consulting <hr/> Mailing Address PO Box 31 <hr/> City Millburn State NJ Zip Code 07041 <hr/> Purpose of Disbursement Fundraising Consultant Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.46 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 261 Pond Path <hr/> City South Setauket State NY Zip Code 11720 <hr/> Purpose of Disbursement Computer Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.47 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 391.03
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Blacksmith Tavern <hr/> Mailing Address 197 Terry Road <hr/> City Smithtown State NY Zip Code 11787 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.48 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 991.65
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4382.68

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) Blacksmith Tavern <hr/> Mailing Address 197 Terry Road <hr/> City Smithtown State NY Zip Code 11787 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.49 Date of Disbursement 06 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 86.00
B.	Full Name (Last, First, Middle Initial) BLT Prime <hr/> Mailing Address 111 East 22nd Street <hr/> City New York State NY Zip Code 10010 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.50 Date of Disbursement 05 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 273.64
C.	Full Name (Last, First, Middle Initial) Bridgeport & Port Jefferson Ferry <hr/> Mailing Address 330 Water Street <hr/> City Bridgeport State CT Zip Code 06604 <hr/> Purpose of Disbursement Toll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.51 Date of Disbursement 05 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 51.00

SUBTOTAL of Disbursements This Page (optional) ▶	410.64
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 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) Cablevision</p> <p>Mailing Address PO Box 371378</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Cable, Internet, Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.52</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 428.48</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) Campaign Tel Ltd.</p> <p>Mailing Address 15 East 74th Street</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Voter Outreach Phone Call</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.53</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 35000.00</p> <p>Category/Type 004</p>
<p>C. 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</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.54</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

35453.48

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.</p> <p>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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.55</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.56</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>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 Withholding Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.57</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5703.74</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5753.74

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.</p> <p>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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.58</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.59</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>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 Withholding Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.60</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5703.74</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5738.74

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) Capital One <hr/> Mailing Address 82 East Main St <hr/> City Smithtown State NY Zip Code 11787 <hr/> Purpose of Disbursement Bank Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.61 Date of Disbursement 06 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Claudios Restaurant <hr/> Mailing Address 111 Main Street <hr/> City Greenport State NY Zip Code 11944 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.62 Date of Disbursement 04 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 162.52 <hr/> Category/Type 003
C.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 Leesburg Pike <hr/> City Falls Church State VA Zip Code 22043 <hr/> Purpose of Disbursement Reporting Software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.63 Date of Disbursement 05 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 800.00 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

977.52

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) CMDI Mailing Address 7704 Leesburg Pike City Falls Church State VA Zip Code 22043 Purpose of Disbursement Reporting Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.64 Date of Disbursement 06 / 09 / 2010 Amount of Each Disbursement this Period 800.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.65 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 669.70 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Craigslist.org Mailing Address 1381 9th Ave City San Francisco State CA Zip Code 94122 Purpose of Disbursement Online Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.66 Date of Disbursement 06 / 10 / 2010 Amount of Each Disbursement this Period 50.00 004 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1519.70
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) CSG, Inc. Mailing Address 333 Burr Road City San Antonio State TX Zip Code 78209 Purpose of Disbursement Pushcard Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.67 Date of Disbursement 04 / 07 / 2010 Amount of Each Disbursement this Period 2653.28 Category/Type 003
B.	Full Name (Last, First, Middle Initial) CSG, Inc. Mailing Address 333 Burr Road City San Antonio State TX Zip Code 78209 Purpose of Disbursement T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.68 Date of Disbursement 05 / 12 / 2010 Amount of Each Disbursement this Period 2995.76 Category/Type 006
C.	Full Name (Last, First, Middle Initial) Data Tech Solutions Mailing Address 200 McCormick Dr. City Bohemia State NY Zip Code 11716 Purpose of Disbursement Letterhead, Business Cards and Posters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.69 Date of Disbursement 05 / 21 / 2010 Amount of Each Disbursement this Period 3247.89 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

8896.93

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) Diaz Communications Mailing Address 9911 Oleander Avenue City Vienna State VA Zip Code 22181 Purpose of Disbursement Communications Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.70 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0 Amount of Each Disbursement this Period 7500.00 Category/Type: 004
B.	Full Name (Last, First, Middle Initial) Diaz Communications Mailing Address 9911 Oleander Avenue City Vienna State VA Zip Code 22181 Purpose of Disbursement Communications Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.71 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 1 0 Amount of Each Disbursement this Period 15000.00 Category/Type: 004
C.	Full Name (Last, First, Middle Initial) Direct Response Strategies Mailing Address 4025 Ellicott Street City Alexandria State VA Zip Code 22304 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.72 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 14748.76 Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) ▶

37248.76

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) Direct Response Strategies</p> <p>Mailing Address 4025 Ellicott Street</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.73</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 7040.00</p> <p>Category/Type 003</p>
<p>B. Full Name (Last, First, Middle Initial) Dockers Waterside</p> <p>Mailing Address 94 Dune Road</p> <p>City East Quogue State NY Zip Code 11942</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.74</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 171.00</p> <p>Category/Type 003</p>
<p>C. Full Name (Last, First, Middle Initial) Dockers Waterside</p> <p>Mailing Address 94 Dune Road</p> <p>City East Quogue State NY Zip Code 11942</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.75</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 41.00</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7252.00

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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 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) Dockers Waterside <hr/> Mailing Address 94 Dune Road <hr/> City East Quogue State NY Zip Code 11942 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.76 Date of Disbursement 06 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 13.00
B.	Full Name (Last, First, Middle Initial) Exxon Mobil <hr/> Mailing Address 14150 Union Turnpike <hr/> City Flushing State NY Zip Code 11367 <hr/> Purpose of Disbursement Fuel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.77 Date of Disbursement 04 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 43.08
C.	Full Name (Last, First, Middle Initial) Facebook.com <hr/> Mailing Address 1601 S California Avenue <hr/> City Palo Alto State CA Zip Code 94304 <hr/> Purpose of Disbursement Online Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.78 Date of Disbursement 06 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 35.13

SUBTOTAL of Disbursements This Page (optional) ▶	91.21
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 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) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.79</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 29.23</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.80</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 25.35</p> <p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.81</p> <p>Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 26.68</p> <p>004 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

81.26

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.</p> <p>Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.82</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 28.22</p> <p>004 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.83</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 28.16</p> <p>004 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.84</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 27.95</p> <p>004 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

84.33

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) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.85 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 57.11</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.86 Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 51.26</p> <p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.87 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 50.46</p> <p>004 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

158.83

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) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.88</p> <p>Date of Disbursement 06 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 51.90</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.89</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 62.56</p> <p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Facebook.com</p> <p>Mailing Address 1601 S California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.90</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 30.10</p> <p>004 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

144.56

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) Facebook.com Mailing Address 1601 S California Avenue City Palo Alto State CA Zip Code 94304 Purpose of Disbursement Online Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.91 Date of Disbursement 06 / 29 / 2010	Amount of Each Disbursement this Period 28.73
B.	Full Name (Last, First, Middle Initial) Facebook.com Mailing Address 1601 S California Avenue City Palo Alto State CA Zip Code 94304 Purpose of Disbursement Online Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.92 Date of Disbursement 06 / 30 / 2010	Amount of Each Disbursement this Period 32.82
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.100 Date of Disbursement 05 / 17 / 2010	Amount of Each Disbursement this Period 8.97

SUBTOTAL of Disbursements This Page (optional)	70.52
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.101 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 8.89
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.102 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 8.89
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.103 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 16.12

SUBTOTAL of Disbursements This Page (optional) ▶

33.90

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)

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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) 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0 Amount of Each Disbursement this Period 16.21 Category/Type 001
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.105 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 18.99 Category/Type 001
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.106 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0 Amount of Each Disbursement this Period 12.41 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	47.61
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 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.107 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 13.40 001 Category/Type
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.108 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 10.71 001 Category/Type
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.109 Date of Disbursement 06 / 07 / 2010 Amount of Each Disbursement this Period 195.53 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

219.64

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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.110 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 11.64
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.111 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 80.41
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.112 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 33.80

SUBTOTAL of Disbursements This Page (optional)	125.85
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.113 Date of Disbursement 06 / 17 / 2010	Amount of Each Disbursement this Period 9.05
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.114 Date of Disbursement 06 / 18 / 2010	Amount of Each Disbursement this Period 11.80
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.115 Date of Disbursement 06 / 23 / 2010	Amount of Each Disbursement this Period 64.52

SUBTOTAL of Disbursements This Page (optional) ▶

85.37

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) FedEx</p> <p>Mailing Address 680 Walt Whitman Rd.</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.93</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 30.37</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 680 Walt Whitman Rd.</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.94</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 39.64</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 680 Walt Whitman Rd.</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.95</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 36.70</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

106.71

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) 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.96 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 Amount of Each Disbursement this Period 11.98
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.97 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 8.81
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.98 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 31.70

SUBTOTAL of Disbursements This Page (optional) ▶

52.49

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) 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.99 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0 Amount of Each Disbursement this Period 28.97 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Fire House Pizza Mailing Address 196 Montauk Highway City Westhampton Beach State NY Zip Code 11978 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.116 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0 Amount of Each Disbursement this Period 24.54 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Fukushima Photography Mailing Address 13672 Cypress Street City Garden Grove State CA Zip Code 92843 Purpose of Disbursement Event Photography Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.117 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 483.94 Category/Type 007

SUBTOTAL of Disbursements This Page (optional) ▶

537.45

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

<p>A. Full Name (Last, First, Middle Initial) GoDaddy.com</p> <p>Mailing Address 14455 N. Hayden Rd</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Domain Registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.118</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 100.87</p> <p>004 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) GoDaddy.com</p> <p>Mailing Address 14455 N. Hayden Rd</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Domain Registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.119</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 17.86</p> <p>004 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Google.com</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.120</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 51.79</p> <p>004 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

170.52

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) Great South Bay Republican Club Mailing Address PO Box 388 City Patchogue State NY Zip Code 11772 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.121 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">50.00</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">007</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	1	/	2	0	1	0	50.00	007
M	M	/	D	D	/	Y	Y	Y	Y															
0	4	/	1	1	/	2	0	1	0															
50.00																								
007																								
B.	Full Name (Last, First, Middle Initial) Griffing Hardware Co Mailing Address 136 West Main Street City Riverhead State NY Zip Code 11901 Purpose of Disbursement Sign Posts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.122 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">90.47</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">006</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	9	/	2	0	1	0	90.47	006
M	M	/	D	D	/	Y	Y	Y	Y															
0	6	/	2	9	/	2	0	1	0															
90.47																								
006																								
C.	Full Name (Last, First, Middle Initial) Hampton Coffee Company Mailing Address 869 Montauk Highway City Water Mill State NY Zip Code 11976 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.123 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2.18</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	3	/	2	0	1	0	2.18	001
M	M	/	D	D	/	Y	Y	Y	Y															
0	4	/	2	3	/	2	0	1	0															
2.18																								
001																								

SUBTOTAL of Disbursements This Page (optional) ▶

142.65

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 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) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.124</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 48.82</p> <p>002 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.125</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 48.15</p> <p>002 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Highwood Capital, LLC</p> <p>Mailing Address 915 E Street, NW Ste 613</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Fundraising Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.126</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>003 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15096.97

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) Highwood Capital, LLC	Transaction ID: SB.127 Date of Disbursement 06 / 10 / 2010
	Mailing Address 915 E Street, NW Ste 613	Amount of Each Disbursement this Period 20000.00
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement Fundraising Retainer Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ink Technologies, LLC	Transaction ID: SB.128 Date of Disbursement 05 / 12 / 2010
	Mailing Address 7600 McEwen Road	Amount of Each Disbursement this Period 184.00
	City Dayton State OH Zip Code 45459	
	Purpose of Disbursement Printer Toner Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Intuit	Transaction ID: SB.129 Date of Disbursement 05 / 17 / 2010
	Mailing Address 2632 Marine Way	Amount of Each Disbursement this Period 10.81
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement Online Software Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	20194.81
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) Intuit</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.130</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 95.53</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Intuit</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.131</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 10.81</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) JetBlue Airlines</p> <p>Mailing Address 6322 S. 3000 E. Ste G50</p> <p>City Salt Lake City State UT Zip Code 84121</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.132</p> <p>Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 489.40</p> <p>002 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

595.74

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JetBlue Airlines</p> <p>Mailing Address 6322 S. 3000 E. Ste G50</p> <p>City Salt Lake City State UT Zip Code 84121</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.133</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 489.40</p> <p>Category/Type 002</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JPA Studios</p> <p>Mailing Address 81 Meadow Pond Circle</p> <p>City Miller Place State NY Zip Code 11764</p> <p>Purpose of Disbursement Photo Shoot</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.134</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 434.60</p> <p>Category/Type 004</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Liberty Moving & Storage</p> <p>Mailing Address 350 Moreland Road</p> <p>City Commack State NY Zip Code 11725</p> <p>Purpose of Disbursement Office Moving</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.135</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1724.00

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)
Long Island Power Authority

Transaction ID: SB.136
Date of Disbursement

Mailing Address PO Box 888

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

City Hicksville State NY Zip Code 11802

Amount of Each Disbursement this Period

226.94

Purpose of Disbursement
Utility Payment

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

B.

Full Name (Last, First, Middle Initial)
Long Island Power Authority

Transaction ID: SB.137
Date of Disbursement

Mailing Address PO Box 888

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

City Hicksville State NY Zip Code 11802

Amount of Each Disbursement this Period

241.10

Purpose of Disbursement
Utility Payment

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

C.

Full Name (Last, First, Middle Initial)
Mailchimp.com

Transaction ID: SB.138
Date of Disbursement

Mailing Address 512 Means Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City Atlanta State GA Zip Code 30318

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
Email Marketing

004

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

543.04

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)

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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) Nicole's <hr/> Mailing Address 141 Montauk Highway <hr/> City Westhampton State NY Zip Code 11978 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.139 Date of Disbursement 06 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 986.38
B.	Full Name (Last, First, Middle Initial) Microsoft <hr/> Mailing Address Microsoft Way <hr/> City Redmond State WA Zip Code 98052 <hr/> Purpose of Disbursement Software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.140 Date of Disbursement 05 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 179.16
C.	Full Name (Last, First, Middle Initial) Millennium Diner <hr/> Mailing Address 156 East Main Street <hr/> City Smithtown State NY Zip Code 11787 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.141 Date of Disbursement 04 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 42.29

SUBTOTAL of Disbursements This Page (optional) ▶

1207.83

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

<p>A. Full Name (Last, First, Middle Initial) Napper Tandy's Irish Pub</p> <p>Mailing Address 15 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.142</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 64.70</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Notarytrainer.com</p> <p>Mailing Address 1602 Pebble Place</p> <p>City Parlin State NJ Zip Code 08859</p> <p>Purpose of Disbursement Notary Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.143</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 28.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) NY State Dept of Taxation</p> <p>Mailing Address P O Box 4127</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.144</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 136.75</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

229.45

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)
NY State Dept of Taxation

Mailing Address P O Box 4127

City Binghamton State NY Zip Code 13902

Purpose of Disbursement
Tax Payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB.145
Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

974.34

B.

Full Name (Last, First, Middle Initial)
NY State Dept of Taxation

Mailing Address P O Box 4127

City Binghamton State NY Zip Code 13902

Purpose of Disbursement
Tax Payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB.146
Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

974.34

C.

Full Name (Last, First, Middle Initial)
NY State Dept of Taxation

Mailing Address P O Box 4127

City Binghamton State NY Zip Code 13902

Purpose of Disbursement
Tax Payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB.147
Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

240.04

SUBTOTAL of Disbursements This Page (optional) ▶

2188.72

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) NY State Employment</p> <p>Mailing Address PO Box 4119</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.148</p> <p>Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 3102.40</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) NYC Taxi</p> <p>Mailing Address 3202 Queens Boulevard</p> <p>City Long Island State NY Zip Code 11101</p> <p>Purpose of Disbursement Taxi Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.149</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 6.90</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Ohio Political Network</p> <p>Mailing Address PO Box 21383</p> <p>City Columbus State OH Zip Code 43221</p> <p>Purpose of Disbursement VOIP Technology</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.150</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 4893.62</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8002.92

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Old Street Restaurant</p> <p>Mailing Address 92 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.151</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 39.40</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Old Vine Golf Club</p> <p>Mailing Address 9 Tyler Dr</p> <p>City Riverhead State NY Zip Code 11901</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.152</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Patriot Signage, Inc.</p> <p>Mailing Address 8740 Twin Oaks Road</p> <p>City Sardinia State OH Zip Code 45171</p> <p>Purpose of Disbursement Yard Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.153</p> <p>Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3900.00</p> <p>006 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3969.40

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) patriot Signage, Inc.</p> <p>Mailing Address 8740 Twin Oaks Road</p> <p>City State Zip Code Sardinia OH 45171</p> <p>Purpose of Disbursement Bumper Stickers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.154 Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2519.00</p> <p>006 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Patriot Signage, Inc.</p> <p>Mailing Address 8740 Twin Oaks Road</p> <p>City State Zip Code Sardinia OH 45171</p> <p>Purpose of Disbursement Post Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.155 Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 380.00</p> <p>006 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Patriotic Jewelry</p> <p>Mailing Address 24 E 17th Ave</p> <p>City State Zip Code Columbus OH 43201</p> <p>Purpose of Disbursement Host Gifts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.156 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 900.00</p> <p>007 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3799.00

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)
Patton Boggs, LLP

Transaction ID: SB.157
Date of Disbursement

Mailing Address 2550 M Street Northwest

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

City Washington State DC Zip Code 20037

Amount of Each Disbursement this Period

Purpose of Disbursement
Legal Service

001
Category/ Type

3005.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
Photography by Kathy Kmonicek

Transaction ID: SB.158
Date of Disbursement

Mailing Address 26 Downing Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

City Sea Cliff State NY Zip Code 11579

Amount of Each Disbursement this Period

Purpose of Disbursement
Photo Shoot

004
Category/ Type

250.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
Public Opinion Strategies

Transaction ID: SB.159
Date of Disbursement

Mailing Address 214 North Fayette Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	0

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement
Polling

005
Category/ Type

12500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional)

15755.00

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 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) Residence Inns Mailing Address 850 Veterans Memorial Highway City Hauppauge State NY Zip Code 11788 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.160 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010
	Amount of Each Disbursement this Period 1064.88
	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Residence Inns Mailing Address 850 Veterans Memorial Highway City Hauppauge State NY Zip Code 11788 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.161 Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2010
	Amount of Each Disbursement this Period 177.48
	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Residence Inns Mailing Address 850 Veterans Memorial Highway City Hauppauge State NY Zip Code 11788 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.162 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2010
	Amount of Each Disbursement this Period 188.65
	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1431.01

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) Rite Aid Mailing Address 65 Route 111 City Smithtown State NY Zip Code 11787 Purpose of Disbursement Tape 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: 00	Transaction ID: SB.163 Date of Disbursement 05 / 28 / 2010 Amount of Each Disbursement this Period 15.62 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Rockwells Bar and Grill Mailing Address 60 Terry Road City Smithtown State NY Zip Code 11787 Purpose of Disbursement Food and Beverage 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: 00	Transaction ID: SB.164 Date of Disbursement 04 / 19 / 2010 Amount of Each Disbursement this Period 63.05 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Smithtown Chamber of Commerce Mailing Address 79 East Main Street City Smithtown State NY Zip Code 11787 Purpose of Disbursement Event Table 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: 00	Transaction ID: SB.165 Date of Disbursement 06 / 03 / 2010 Amount of Each Disbursement this Period 60.00 007 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

138.67

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) Sparks Steak House</p> <p>Mailing Address 210 East 46th Street</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.166</p> <p>Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 180.00</p> <p>Category/Type 003</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Paper, File folders</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.167</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 337.78</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Folders, Name Badges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.168</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 138.95</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

656.73

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) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Pens and Tape</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.169</p> <p>Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 18.44</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Printer Toner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.170</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 52.12</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Index Cards, Pens Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.171</p> <p>Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 51.56</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

122.12

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 125 / 140

<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) Staples	Transaction ID: SB.172
	Mailing Address 526 Route 111	Date of Disbursement MM / DD / YYYY 06 / 07 / 2010
	City Hauppauge State NY Zip Code 11788	Amount of Each Disbursement this Period 13.02
	Purpose of Disbursement Batteries Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB.173
	Mailing Address 526 Route 111	Date of Disbursement MM / DD / YYYY 06 / 10 / 2010
	City Hauppauge State NY Zip Code 11788	Amount of Each Disbursement this Period 12.44
	Purpose of Disbursement Labels Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB.174
	Mailing Address 526 Route 111	Date of Disbursement MM / DD / YYYY 06 / 18 / 2010
	City Hauppauge State NY Zip Code 11788	Amount of Each Disbursement this Period 83.63
	Purpose of Disbursement Toner Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	109.09
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

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Paper Products</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.175</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 47.28</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Toner and Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.176</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 132.10</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) State Farm Insurance</p> <p>Mailing Address One State Farm Plaza</p> <p>City Bloomington State IL Zip Code 61710</p> <p>Purpose of Disbursement Insurance Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.177</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 35.55</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

214.93

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

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

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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) Strategic Perception</p> <p>Mailing Address 6158 Mulholland Highway</p> <p>City Hollywood State CA Zip Code 90068</p> <p>Purpose of Disbursement Strategic Consultin Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.178 Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Strategic Perception</p> <p>Mailing Address 6158 Mulholland Highway</p> <p>City Hollywood State CA Zip Code 90068</p> <p>Purpose of Disbursement Strategic Consultin Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.179 Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Strategic Perception</p> <p>Mailing Address 6158 Mulholland Highway</p> <p>City Hollywood State CA Zip Code 90068</p> <p>Purpose of Disbursement Strategic Consulting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.180 Date of Disbursement 06 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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Detailed Summary Page

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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) Strategic Planning Systems Inc.	Transaction ID: SB.181 Date of Disbursement 06 / 30 / 2010
	Mailing Address 150 Knickerbocker Ave	Amount of Each Disbursement this Period 530.00
	City Bohemia State NY Zip Code 11716	
	Purpose of Disbursement Telemarketing List	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suffolk County BOE	Transaction ID: SB.182 Date of Disbursement 05 / 12 / 2010
	Mailing Address PO Box 700	Amount of Each Disbursement this Period 204.00
	City Yaphank State NY Zip Code 11980	
	Purpose of Disbursement Voter Lists	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Suffolk County BOE	Transaction ID: SB.183 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 700	Amount of Each Disbursement this Period 460.00
	City Yaphank State NY Zip Code 11980	
	Purpose of Disbursement Voter Lists	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1194.00
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunoco Smithtown</p> <p>Mailing Address 303 Maple Ave.</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.184</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 48.69</p> <p>002 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sunoco Smithtown</p> <p>Mailing Address 303 Maple Ave.</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.185</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 50.82</p> <p>002 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sunoco Smithtown</p> <p>Mailing Address 303 Maple Ave.</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.186</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 47.14</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

146.65

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

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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)
Sunoco Smithtown

Mailing Address 303 Maple Ave.

City State Zip Code
Smithtown NY 11787

Purpose of Disbursement
Fuel Expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.187
Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

48.74

B.

Full Name (Last, First, Middle Initial)
Sunoco Smithtown

Mailing Address 303 Maple Ave.

City State Zip Code
Smithtown NY 11787

Purpose of Disbursement
Fuel Expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.188
Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

14.00

C.

Full Name (Last, First, Middle Initial)
Tavoularis Projects

Mailing Address 1537 East Riverview Avenue

City State Zip Code
Orange CA 92865

Purpose of Disbursement
Event Management / Production

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.189
Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1062.74

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

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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)
The Network Companies

Transaction ID: SB.190
Date of Disbursement

Mailing Address 285 Hayground Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

City State Zip Code
Watermill NY 11976

Amount of Each Disbursement this Period

47500.00

Purpose of Disbursement
General Strategy & Research
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
The Network Companies

Transaction ID: SB.191
Date of Disbursement

Mailing Address 285 Hayground Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

City State Zip Code
Watermill NY 11976

Amount of Each Disbursement this Period

72500.00

Purpose of Disbursement
General Strategy & Research
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
The Patio

Transaction ID: SB.192
Date of Disbursement

Mailing Address 54 Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

City State Zip Code
Westhampton Beach NY 11978

Amount of Each Disbursement this Period

158.50

Purpose of Disbursement
Food and Beverage
Candidate Name

003
Category/ Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

120158.50

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Union League Club <hr/> Mailing Address 38 East 37th Street <hr/> City New York State NY Zip Code 10016 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.193 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3281.50
B.	Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address PO Box 804522 <hr/> City Cincinnati State OH Zip Code 45280 <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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.194 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 13200.97
C.	Full Name (Last, First, Middle Initial) USPS <hr/> Mailing Address 101 West High Street <hr/> City Mount Vernon State OH Zip Code 43050 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.195 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 220.00

SUBTOTAL of Disbursements This Page (optional) ▶

16702.47

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

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

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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) USPS Mailing Address 101 West High Street City Mount Vernon State OH Zip Code 43050 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.196 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 7.30
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.197 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 1417.31
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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.198 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 1422.15

SUBTOTAL of Disbursements This Page (optional) ▶

2846.76

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 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.</p> <p>Full Name (Last, First, Middle Initial) Waldbaum's</p> <p>Mailing Address 124 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.199</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 17.58</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Waldbaum's</p> <p>Mailing Address 124 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.200</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 9.18</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Waldorf Peacock Ally</p> <p>Mailing Address 301 Park Avenue</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.201</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 109.46</p> <p>003 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

136.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Walk Street Tavern Mailing Address 1218 Jericho Turnpike City New Hyde Park State NY Zip Code 11040 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.202 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0 Amount of Each Disbursement this Period 38.00 Category/Type 001
B.	Full Name (Last, First, Middle Initial) White House Catering Mailing Address 887 S Anaheim Boulevard City Anaheim State CA Zip Code 92805 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.203 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 4078.12 Category/Type 007
C.	Full Name (Last, First, Middle Initial) Yahoo Flickr Mailing Address 701 First Avenue City Sunnyvale State CA Zip Code 94089 Purpose of Disbursement Online Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.204 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0 Amount of Each Disbursement this Period 24.95 Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶

4141.07

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

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

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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)
Zumodrive

Mailing Address 1633 Bayshore Highway

City Bothell State WA Zip Code 94010

Purpose of Disbursement
Online File Storage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.205

Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

19.99

SUBTOTAL of Disbursements This Page (optional)

19.99

TOTAL This Period (last page this line number only)

475083.53

**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 137 / 140

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) Richard Nixon Foundation	Transaction ID: SB.206 Date of Disbursement
	Mailing Address 18001 Yorba Linda Blvd	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Yorba Linda State CA Zip Code 92886	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	<input type="text" value="012"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Southampton Hospital	Transaction ID: SB.207 Date of Disbursement
	Mailing Address	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Southampton State NY Zip Code 11968	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	<input type="text" value="012"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

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

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: SC1B

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Chris N Cox

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
500000.00	0.00	500000.00

TERMS

Date Incurred: M M 03 D D 31 Y Y Y Y 2010 Date Due: None 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)	▶	500000.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Chris Cox for Congress

Transaction ID: SC1

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Chris N Cox		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 100 Seafield Lane		
City Westhampton Beach	State NY	ZIP Code 11978
Original Amount of Loan 500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500000.00

TERMS

Date Incurred MM DD YY YY 06 30 2010	Date Due None	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	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)	▶	500000.00
TOTALS This Period (last page in this line only)	▶	1000000.00

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

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for
 Information found on
 Page 140 / 140 of Schedule C

Name of Committee (in Full) Chris Cox for Congress		FEC IDENTIFICATION NUMBER C00474395	
Back Ref ID: SC1			
LENDING INSTITUTION (LENDER) Full Name Mr Christopher Nixon Cox		Amount of Loan 500000.00	Interest Rate (APR) 6.12 %
Mailing Address 100 Seafield Lane		Date Incurred or Established 06 30 2010	
City Westhampton Beach	State NY	Zip Code 11978	Date Due 01/01/2011
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____			
B. If line of credit, Amount of this Draw: 0.00		Total Outstanding balance : 0.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Stock Margin loan personally made to Candidate Cox. Rate of 6.125%</u>		What is the value of this collateral? 500000.00	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 06 30 2010		Location of account Merrill Lynch Address: One Federal Street City, State, Zip: Boston MA 02110	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Mr. William Rothaar Signature _____		DATE 07 15 2010	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name William Rothaar Signature _____		DATE 07 15 2010	
Title Treasurer			