

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

DEC 12 P 3:52

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

### 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> Thirtieth day report following the General Election on
<input type="checkbox"/> January 31 Year End Report	<u>11/7/00</u> in the State of <u>California</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10-19-2000 through 11-27-2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	110882.07	164172.36
(b) Total Contribution Refunds (from Line 2D(d))	250.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	110632.07	163822.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	83157.97	161567.49
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	1018.40
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	83157.97	160549.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	492497.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	For further information contact Federal Election Commission 999 E. Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

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

Type or Print Name of Treasurer

David W. Syme

Signature of Treasurer

*David W. Syme*

Date

12-7-00

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

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**FEC FORM 3**  
(revised 4/87)

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

Name of Committee (In Full) Christopher Cox Congressional Committee	Report Covering the Period		
	From: 10-19-2000	To: 11-27-2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees	56600.00		11(a)(i)
(i) Itemized (use Schedule R)	8389.00		11(a)(ii)
(ii) Unitemized	64989.00	148665.65	11(a)(iii)
(ii) Total of contributions from individuals	393.07	- 393.07	11(b)
(b) Political Party Committees	45500.00	15113.64	11(c)
(c) Other Political Committees (such as PACs)	-0.-	-0.-	11(d)
(d) The Candidate	110882.07	164172.36	11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))			
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	-0.-	-0.-	12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate	-0.-	-0.-	13(a)
(b) All Other Loans	-0.-	-0.-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-0.-	-0.-	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	-0.-	1018.40	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	1697.01	22436.76	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	112579.08	187627.52	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>	83157.97	161567.09	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	-0.-	-0.-	18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate	-0.-	-0.-	19(a)
(b) Of All Other Loans	-0.-	-0.-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0.-	-0.-	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other than Political Committees	250.00	350.00	20(a)
(b) Political Party Committees	-0.-	-0.-	20(b)
(c) Other Political Committees (such as PACs)	-0.-	-0.-	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	250.00	350.00	20(d)
<b>21. OTHER DISBURSEMENTS</b>	108300.00	741400.00	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	191707.97	903317.49	22
<b>III. CASH SUMMARY</b>			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	571625.91	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	112579.08	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	684204.99	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	191707.97	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	492497.02	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

**NAME OF COMMITTEE (in Full)**

**Christopher Cox Congressional Committee**

**FEC ID No. C00223297**

**A. Full Name, Mailing Address and ZIP Code**

Edwin W. Amyes  
3640 5th Avenue  
Corona del Mar CA 92625-2537

**Name of Employer**

Self Employed

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Physician

Aggregate Year-to-Date > \$ 600.00

**B. Full Name, Mailing Address and ZIP Code**

Virginia L. Bostick  
2521 Buckeye Street  
Newport Beach CA 92660-4116

**Name of Employer**

N/A

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Homemaker

Aggregate Year-to-Date > \$ 350.00

**C. Full Name, Mailing Address and ZIP Code**

John D. Caldwell  
100 Spindrift Drive  
Rancho Palos Verdes CA 90274

**Name of Employer**

TRV

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Manager

Aggregate Year-to-Date > \$ 350.00

**D. Full Name, Mailing Address and ZIP Code**

George A. Chan  
2009 Eagle Trace Way  
Las Vegas NV 89117-5743

**Name of Employer**

Investment Concepts, Inc.

Date (month, day, year)  
10-20-2000

Amount of Each Receipt this Period  
250.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Executive

Aggregate Year-to-Date > \$ 250.00

**E. Full Name, Mailing Address and ZIP Code**

Julia M. Chaney  
31472 Paseo Duran  
San Juan Capistrano CA 92675-2743

**Name of Employer**

Self Employed

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Consultant

Aggregate Year-to-Date > \$ 950.00

**F. Full Name, Mailing Address and ZIP Code**

Irvin C. Chapman  
2782 Bayshore Drive  
Newport Beach CA 92663-5611

**Name of Employer**

ICC Enterprises, LLC

Date (month, day, year)  
11-13-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Real Estate

Aggregate Year-to-Date > \$ 350.00

**G. Full Name, Mailing Address and ZIP Code**

William M. Crosby  
1821 Lakecrest Circle  
Santa Ana CA 92705-3511

**Name of Employer**

Barnes, Crosby & Fitzgerald

Date (month, day, year)  
10-20-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Attorney

Aggregate Year-to-Date > \$ 350.00

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code

Robert A. Denk  
22515 Hummingbird Lane  
Lake Forest CA 92630-3223

Name of Employer

R.A. Denk Construction Management

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation

Construction Manager

Aggregate Year-to-Date > \$ 350.00

B. Full Name, Mailing Address and ZIP Code

Don M. Drysdale  
64 Gannet Lane  
Newport Beach CA 92660-0000

Name of Employer

Law Offices of Don M. Drysdale

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Dale L. Bykema  
1963 Vista Caudal  
Newport Beach CA 92660-3915

Name of Employer

T.O. Service Financial Corp.

Date (month, day, year)  
10-20-2000

Amount of Each Receipt this Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation

Executive

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Robert L. Emmett  
25 Bay Island  
Balboa CA 92661-1124

Name of Employer

N/A

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

John T. French  
16 Canyon Fairway Drive  
Newport Beach CA 92660-5916

Name of Employer

N/A

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 1000.00

F. Full Name, Mailing Address and ZIP Code

Patrick R. Fuscoe  
1871 Port Wheeler Place  
Newport Beach CA 92660-6629

Name of Employer

Fuscoe Engineering, Inc.

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation

Engineer

Aggregate Year-to-Date > \$ 1000.00

G. Full Name, Mailing Address and ZIP Code

James T. Hamilton  
1821 Port Abbey Place  
Newport Beach CA 92660-5311

Name of Employer

James T. Hamilton, M.D.

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation

Physician

Aggregate Year-to-Date > \$ 500.00

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

4350.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 15

FOR LINE NO. 11a1

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NAME OF COMMITTEE (in Full)		FEC ID No. C00223397		
<b>A. Full Name, Mailing Address and ZIP Code</b> Catherine Hanley 2718 North Vista Valley Road Orange CA 92857-1762		Name of Employer Whittier Area Federal Credit Union	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Nancy L. Hauschild PO Box 127 Lake Forest CA 92630-0127		Name of Employer N/A	Date (month, day, year) 11-6-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Mark C. Johnson Post Office Box 17729 Anaheim CA 92817-7729		Name of Employer Chapin Medical Company	Date (month, day, year) 10-20-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Barbara Johnson Post Office Box 17729 Anaheim CA 92817-7729		Name of Employer The Upper Crust	Date (month, day, year) 10-20-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Catering	Aggregate Year-to-Date > \$ 1000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Donald P. Kennedy 1628 La Loma Drive Santa Ana CA 92705-3078		Name of Employer First American Financial	Date (month, day, year) 11-2-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Keith R. Lumpkin 938 Via Lido South Newport Beach CA 92663-5535		Name of Employer Horton & Converse Pharmacies	Date (month, day, year) 10-20-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Michael L. Meyer 1757 Ocean Way Laguna Beach CA 92651-3233		Name of Employer E & Y Kenneth Leventhal & Company	Date (month, day, year) 11-2-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Managing Partner	Aggregate Year-to-Date > \$ 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....				5500.00
<b>TOTAL</b> This Period (last page this line number only).....				5500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

**A. Full Name, Mailing Address and ZIP Code**

Ronald Keisas  
1415 Vista del Mar  
Fullerton CA 92831-1124

Name of Employer

Sellers of California

Date (month, day, year)  
10-28-2000

Amount of Each Receipt This Period  
500.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Executive

Aggregate Year-to-Date > \$ 500.00

**B. Full Name, Mailing Address and ZIP Code**

Warren J. O'Buch  
Post Office Box 18019  
Irvine CA 92623-8019

Name of Employer

Master Printers of Irvine

Date (month, day, year)  
10-30-2000

Amount of Each Receipt This Period  
350.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Executive

Aggregate Year-to-Date > \$ 350.00

**C. Full Name, Mailing Address and ZIP Code**

John D. O'Donnell  
600 Via Lido Nord  
Newport Beach CA 92663-5521

Name of Employer

The O'Donnell Group

Date (month, day, year)  
10-25-2000  
11-2-2000

Amount of Each Receipt This Period  
350.00  
150.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Real Estate

Aggregate Year-to-Date > \$ 500.00

**D. Full Name, Mailing Address and ZIP Code**

Michael C. Ross  
9 Crane Court  
Orinda CA 94563-1103

Name of Employer

Safeway, Inc.

Date (month, day, year)  
10-20-2000

Amount of Each Receipt This Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Executive

Aggregate Year-to-Date > \$ 1000.00

**E. Full Name, Mailing Address and ZIP Code**

Virginia Ross  
9 Crane Court  
Orinda CA 94563-1103

Name of Employer

N/A

Date (month, day, year)  
10-20-2000

Amount of Each Receipt This Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Homemaker

Aggregate Year-to-Date > \$ 1000.00

**F. Full Name, Mailing Address and ZIP Code**

Hudson B. Saffell  
134 Emerald Bay Drive  
Laguna Beach CA 92651-1209

Name of Employer

N/A

Date (month, day, year)  
11-2-2000

Amount of Each Receipt This Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Retired

Aggregate Year-to-Date > \$ 1000.00

**G. Full Name, Mailing Address and ZIP Code**

Joan H. Semls  
94 Linda Isle  
Newport Beach CA 92660-7210

Name of Employer

N/A

Date (month, day, year)  
11-2-2000

Amount of Each Receipt This Period  
1000.00

Receipt For:  Primary  General

Other (specify):

Occupation  
Homemaker

Aggregate Year-to-Date > \$ 1000.00

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

5350.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)		FEC ID No.	
Christopher Cox Congressional Committee		C00223297	
<b>A. Full Name, Mailing Address and ZIP Code</b> Gabriella M. Santaniello 194 Emerald Bay Laguna Beach CA 92651-1209		Name of Employer N/A	Date (month, day, year) 11-13-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> William Simonoff B South View Coto de Caza CA 92679-5376		Name of Employer Southway Public Warehouse	Date (month, day, year) 10-25-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Distributor	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Larry T. Smith 3 Oakmont Lane Newport Beach CA 92660-5216		Name of Employer MHI Real Company	Date (month, day, year) 10-30-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Warren Reed Sprinkel 1026 Santiago Drive Newport Beach CA 92660-5728		Name of Employer N/A	Date (month, day, year) 10-25-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Amount of Each Receipt this Period 300.00
		Aggregate Year-to-Date > \$ 300.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> John R. Stahr 4639 Roxbury Road Corona del Mar CA 92625-3120		Name of Employer N/A	Date (month, day, year) 10-20-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Christine A. Tobkin 2714 Broadway Street San Francisco CA 94115-1105		Name of Employer N/A	Date (month, day, year) 11-13-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Amount of Each Receipt this Period 1000.00
		Aggregate Year-to-Date > \$ 1000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> William D. Vogel 5104 Via Diego Yorba Linda CA 92887-2446		Name of Employer Vogel Properties	Date (month, day, year) 10-20-2000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Engineer	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional)..... 3800.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Christopher Cox Congressional Committee**

FEC ID No. C00223297

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard K. Wagner 13622 Rushmore Lane Santa Ana CA 92705-2608		Name of Employer Self Employed	Date (month, day, year) 10-25-2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Real Estate	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> H. Fred Westphal 621 Bayside Drive Newport Beach CA 92660-7213		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> James E. Wickersham 15 Glen Alpine Road Piedmont CA 94611-3520		Name of Employer Triangle T Ranch, Inc.	Date (month, day, year) 10-25-2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Rancher	Aggregate Year-to-Date > \$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Norman A. Tenber 13 Porto Cervo Drive Monarch Beach CA 92629-4121		Name of Employer Merrill Lynch	Date (month, day, year) 10-20-2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Financial Consultant	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> F. Oliver Gardner 118 Monarch Bay Drive Monarch Beach CA 92629-3412		Name of Employer FoamPRO Manufacturing, Inc.	Date (month, day, year) 10-25-2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> David L. Armstrong 2809 East Hillside Avenue Orange CA 92667-8413		Name of Employer Metropolitan State Hospital	Date (month, day, year) 10-25-2000	Amount of Each Receipt This Period 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Psychiatrist	Aggregate Year-to-Date > \$ 350.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Anthony A. duPont 2180 Calle Freacate La Jolla CA 92037-3002		Name of Employer duPont Aerospace Company, Inc.	Date (month, day, year) 10-20-2000	Amount of Each Receipt This Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00233297

**A. Full Name, Mailing Address and ZIP Code**

Robert B. Ferguson  
23072 Lake Center Drive Suite 205  
Lake Forest CA 92630-2880

**Name of Employer**

Ferguson Company

Date (month, day, year)  
10-20-2000

Amount of Each Receipt this Period  
500.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Oil & Gas Exply/Prch

Aggregate Year-to-Date > \$ 1000.00

**B. Full Name, Mailing Address and ZIP Code**

Ann Hagerly  
26661 Las Ondas  
Mission Viejo CA 92692-3928

**Name of Employer**

Saddleback College

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
350.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Librarian

Aggregate Year-to-Date > \$ 650.00

**C. Full Name, Mailing Address and ZIP Code**

Eugene Hale  
13235 Ruthelen  
Gardens CA 90249-1823

**Name of Employer**

G & C Equipment Corporation

Date (month, day, year)  
10-25-2000

Amount of Each Receipt this Period  
350.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Executive

Aggregate Year-to-Date > \$ 350.00

**D. Full Name, Mailing Address and ZIP Code**

James R. Hinkle  
589-C Avenida Majorca  
Laguna Hills CA 92653-4100

**Name of Employer**

N/A

Date (month, day, year)  
10-20-2000

Amount of Each Receipt this Period  
500.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Retired

Aggregate Year-to-Date > \$ 500.00

**E. Full Name, Mailing Address and ZIP Code**

Linder C. Hobbs  
4701 Surrey Drive  
Corona del Mar CA 92625-2726

**Name of Employer**

Hobbs Associates Inc.

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
500.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Executive

Aggregate Year-to-Date > \$ 500.00

**F. Full Name, Mailing Address and ZIP Code**

Jeffrey B. Lewis  
2464 Bayshore Drive  
Newport Beach CA 92663-5605

**Name of Employer**

RBL Investment Company

Date (month, day, year)  
11-2-2000

Amount of Each Receipt this Period  
500.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Executive

Aggregate Year-to-Date > \$ 500.00

**G. Full Name, Mailing Address and ZIP Code**

Ivan M. Murks  
21161 Poston Lane  
Huntington Beach CA 92646-7105

**Name of Employer**

Parker Aerospace

Date (month, day, year)  
10-30-2000

Amount of Each Receipt this Period  
150.00

Receipt For:

Primary

General

Other (specify):

**Occupation**

Accountant/Exec.

Aggregate Year-to-Date > \$ 500.00

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

2850.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott S. Pollard 11 Sunriver Irvine CA 92614-5402	Shelby Properties	10-20-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Maculabay 1907 Sabrina Terrace Corona del Mar CA 92625-1820	Micro Polish	11-6-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrance N. Kungel Post Office Box 461 New Canaan CT 06840-0461	Venture Enterprises Inc.	10-25-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mohamed Rafiquzzaman 944 Longview Drive Diamond Bar CA 91765-4381	Rafi Systems, Inc.	10-25-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen D. Johnson 1781 Yorkshire Avenue Saint Paul MN 55116-2463	N/A	10-25-2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. felt 795 South Dove Tree Lane Anaheim CA 92808-1421	Tait & Associates, Inc.	10-30-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consulting Engineer	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur C. Schick 18 Wickheat Irvine CA 92614	Schick DataBank	10-30-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 350.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

**Christopher Cox Congressional Committee**

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Coad 9401 Hillview Road Anaheim CA 92804-2539	D.C. Board of Supervisors	10-30-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor		
	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hedy Henderson 24351 Philomen Drive Dana Point CA 92629-1076	Self Employed	10-30-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Policy Research		
	Aggregate Year-to-Date > \$	350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Minoru Ted Inouye 15 Cipriani Irvine CA 92606-8873	First Housing Concept	10-25-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate		
	Aggregate Year-to-Date > \$	1350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Rinehart 12902 Barrett Lane Santa Ana CA 92705-1310	Home Savings of America	10-20-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$	1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan M. Oleson 2821 Ebbtide Road Corona del Mar CA 92625-1404	N/A	10-30-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Ross 434 Fernleaf Avenue Corona del Mar CA 92625-2113	N/A	10-20-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Rubeli 13831 Judy Anne Lane Santa Ana CA 92705-2813	N/A	10-30-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	350.00	

**SUBTOTAL** of Receipts This Page (optional)..... **4050.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

**Christopher Cox Congressional Committee**

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sally F. Bender 35 Burning Tree Road Newport Beach CA 92660-5107	Hobby Shack	10-30-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen T. McArthur 23 Yorktown Irvine CA 92620-2664	Northwest Atlantic	10-25-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Broker	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Weckerly 2972 Chatsworth Boulevard San Diego CA 92106-1464	N/A	10-20-2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Simovich 18 Rue Chantilly Newport Beach CA 92660-5903	ChampCore Parts	11-7-2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Shee 70-168 Sonora Road Rancho Mirage CA 92270-3431	N/A	10-20-2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Lewis 626 Via Lido Nord Newport Beach CA 92663-5521	Foothill Beverage Company	11-2-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly J. Lewis 626 Via Lido Nord Newport Beach CA 92663-5521	N/A	11-2-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Dodd 13612 Helena Drive Tustin CA 92780-1917	Law Offices of John L. Dodd	10-20-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold W. Sorenson 1402 Emerald Bay Laguna Beach CA 92651-1277	N/A	10-20-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen K. Smith 401 Orinda Newport Beach CA 92660-3525	N/A	10-25-2000 10-25-2000	350.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Estelle F. Wilson 1100 Rutland Road, Apt. 9 Newport Beach CA 92660-4601	N/A	10-30-2000	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wiley, Rein & Fielding 1776 K Street, NW Washington DC 20006-2304	Partnership	11-7-2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	None \$1000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
....Robert Butler ....1776 K Street, NW ....Washington DC 20006	Wiley, Rein & Fielding	11-7-2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney R. Petersen 1109 Emerald Bay Laguna Beach CA 92651-1232	N/A	10-20-2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... 1950.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

<b>A. Full Name, Mailing Address and ZIP Code</b> Shinichi Hamashige 18772 Via Verona Irvine CA 92612-3447		Name of Employer N/A	Date (month, day, year) 10-20-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Phyllis Y. Heis 21 Foxhill Irvine CA 92604-3066		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Steven L. Eyles Post Office Box 57B Stanton CA 90680-0578		Name of Employer Eyles Materials	Date (month, day, year) 10-25-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard S. Yeh 235 Driftwood Road Corona Del Mar CA 92625		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Michael Sirovich 9 Montecito Corona del Mar CA 92625		Name of Employer Self Employed	Date (month, day, year) 11-7-2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Kevin J. Daehnke 4 Park Plaza Suite 1230 Irvine CA 92614		Name of Employer Daehnke & Cruz	Date (month, day, year) 11-13-2000	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 350.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> William F. Woltner 19021 Edington Terrace Irvine CA 92612-3506		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 500.00	

**SUBTOTAL** of Receipts This Page (optional)..... 3200.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Christopher Cox Congressional Committee

PEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Denny 175 Curtner Avenue San Jose CA 95125	G.E. Nuclear Energy	10-25-2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Quiring 23031 Stearn Circle El Toro CA 92630	E.M.C. Clinic Inc.	10-20-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart D. Rozette 141 Grafton Street Chevy Chase MD 20815-3409	Tellair Inc.	10-23-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen L. Marshal 21 Renata Newport Beach CA 92657	Chase Manhattan	10-30-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Moore 1057 Solana Drive Del Mar CA 92014	Self Employed	10-30-2000	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen Y. Chao 115 South Montgomery Way Anaheim CA 92807	Watson Pharmaceutical	11-6-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Wiegand 10622 Villa Del Cerro Santa Ana CA 92705	Pathfinders	11-6-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Maria T. Wiegand                  10622 Villa Del Cerro                  Santa Ana CA 92705</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Pathfinders</p> <p>Occupation:                  Executive</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year)                  11-6-2000</p>	<p>Amount of Each Receipt this Period                  1000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Richard A. Hall                  20201 SW Birch Suite 250                  Newport Beach CA 92660</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  R.H.C. Communities LLC</p> <p>Occupation:                  Executive</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year)                  11-2-2000</p>	<p>Amount of Each Receipt this Period                  1000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Ming Chang Hsieh                  5 Henna                  Irvine CA 92615</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Intex Recreation Corp.</p> <p>Occupation:                  Manager</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year)                  11-6-2000</p>	<p>Amount of Each Receipt this Period                  500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Tony W. Liao                  2121 Judith Court                  Arcadia CA 91007</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Techni-max USA Inc.</p> <p>Occupation:                  Executive</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year)                  11-6-2000</p>	<p>Amount of Each Receipt this Period                  500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Mark A. Ancon                  245 Emerald Bay                  Laguna Beach CA 92651</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Mark A. Ancon MD.</p> <p>Occupation:                  Doctor</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year)                  11-7-2000</p>	<p>Amount of Each Receipt this Period                  500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  Stephen Mansfield                  555 South Grand Avenue                  Pasadena CA 91105</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Akin, Gump, Strauss, Houser &amp; Feld</p> <p>Occupation:                  Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year)                  11-6-2000</p>	<p>Amount of Each Receipt this Period                  250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  James Peter Gough                  9741 Rangeview Drive                  Santa Ana CA 92705</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:                  Self Employed</p> <p>Occupation:                  Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year)                  11-7-2000</p>	<p>Amount of Each Receipt this Period                  1000.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>	<p>4750.00</p>
<p><b>TOTAL</b> This Period (last page this line number only).....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Christopher Cox Congressional Committee**

FEC ID No. C00223997

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah J. Winslow 4514 Nunnwood Lane Lakeland FL 33813	N/A	11-7-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lin W. Lan Post Office Box 37040 La Mirada CA 90637	Best Effort	11-7-2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Best Effort		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony Lee 16 Sunpeak Irvine CA 92612	Nutra Cuticals	11-7-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Lee 16 Sunpeak Irvine CA 92612	St. Natural Products	11-7-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional).....> 3300.00

**TOTAL** This Period (last page this line number only).....> 56600.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 310 First Street, SE Washington, D.C. 20003 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Satellite Feed	Date (month, day, year) 11-2-2000	Amount of Each Receipt this Period 393.07
	Occupation N/A	Aggregate Year-To-Date \$ 393.07	In-Kind
B. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date \$	

SUBTOTAL of Receipts This Page (optional)	393.07
TOTAL This Period (last page this line number only)	393.07

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NO. 11c

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

NAME OF COMMITTEE (In Full)		FBC ID No.		
Christopher Cox Congressional Committee		C00223297		
<b>A. Full Name, Mailing Address and ZIP Code</b> Pfizer PAC 235 East 42nd Street New York NY 10017		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Build PAC of the National Assoc. of Home Builders 1201 15th Street, NW Washington DC 20005		Name of Employer N/A	Date (month, day, year) 11-2-2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 7000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> United Parcel Service PAC 55 Glenlake Parkway, NE Atlanta GA 30328		Name of Employer N/A	Date (month, day, year) 10-30-2000	Amount of Each Receipt this Period 3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 3000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> American Institute of LPAs Effective Leg. Committee 201 Plaza III Jersey City NJ 07311		Name of Employer N/A	Date (month, day, year) 10-20-2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 5000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> American Task force for Lebanon 2213 M Street, NW Third Floor Washington DC 20037-1416		Name of Employer N/A	Date (month, day, year) 11-7-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> American Bankers Assoc. BANKPAC 1120 Connecticut Avenue, NW Suite 851 Washington DC 20036		Name of Employer N/A	Date (month, day, year) 10-23-2000	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 4000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> American Dental PAC 1111 14th Street, NW Suite 1100 Washington DC 20005		Name of Employer N/A	Date (month, day, year) 10-23-2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....				13000.00
<b>TOTAL This Period (last page this line number only)</b> .....				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

**Christopher Cox Congressional Committee**

**PEC ID No. C00223297**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Association 1505 Prince Street Suite 300 Alexandria VA 22314	N/A	10-20-2000 11-7-2000	1000.00 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 2000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AB-PAC One Busch Place St. Louis MO 63118	N/A	11-2-2000	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 3000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bristol-Myers Squibb Company Employee PAC 345 Park Avenue Suite 43-17 New York NY 10154	N/A	10-19-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glaxo Wellcome, Inc. PAC Post Office Box 13358 Research Triangle NC 27709	N/A	11-2-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnson & Johnson Employees' Good Government Fund 1 Johnson & Johnson Plaza New Brunswick NJ 08933	N/A	10-25-2000	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 2000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pricewaterhouse Partners' Political Action Committee 1900 K Street, NW Suite 900 Washington DC 20005	N/A	11-2-2000	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 2500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheet Metal & Air Conditioning Cont.(SMACNA PAC) 4201 Lafayette Center Drive Chantilly VA 22021	N/A	10-23-2000	1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1500.00	

**SUBTOTAL** of Receipts This Page (optional)..... **13000.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pacific Life Insurance Company PAC 700 Newport Center Drive Newport Beach CA 92660	N/A	11-2-2000	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 3000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Corp. of American Physicians Fed. Action Committee 333 South Hope Street 8th Floor Los Angeles CA 90017	N/A	10-25-2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 2500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA Financial Corp. Citizens for Good Govt. CNA Plaza Chicago IL 60685	N/A	10-23-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The PAC of Merck & Co., Inc. 601 Pennsylvania Avenue, NW Suite 1200 Washington DC 20004	N/A	10-19-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Credit Union Legislative Action Council 805 15th Street NW Suite 300 Washington DC 20005	N/A	10-30-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Marine Manufacturers Assoc. PAC 3050 K Street, NW Suite 145 Washington DC 20007	N/A	10-30-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federation of American Health Systems PAC 801 Pennsylvania Avenue, NW Suite 245 Washington DC 20004-2604	N/A	10-23-2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)..... 7500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. CD0223297

<p><b>A. Full Name, Mailing Address and ZIP Code</b> AFLAC Inc. PAC Worldwide Headquarters Columbus GA 31999</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 3000.00</p>	<p>Date (month, day, year) 10-23-2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> United Seniors PAC, Inc. 209 Pennsylvania Avenue S.E. Suite 800 Washington DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 5000.00</p>	<p>Date (month, day, year) 11-6-2000</p>	<p>Amount of Each Receipt this Period 5000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Washington Mutual PAC 1201 Third Avenue WNT0511 Seattle WA 98101</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 2000.00</p>	<p>Date (month, day, year) 10-23-2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Intermedia Communications Inc. PAC One Intermedia Way Tampa FL 33647</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 2500.00</p>	<p>Date (month, day, year) 10-30-2000</p>	<p>Amount of Each Receipt this Period 1500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> HPGG People for Good Government PAC 313 Carondelet Street New Orleans LA 70130</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 11-7-2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> National Assoc. of Dental Plans (NADPac) 5001 LBW Freeway Suite 375 Dallas TX 75244</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 10-25-2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> QuestPAC Diagnostics Employees Political Action Comm 1350 I Street NW Suite 500 Washington DC 20005-3305</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: N/A</p> <p>Occupation: N/A</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year) 10-30-2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Christopher Cox Congressional Committee**

FEC ID No. **CD0223297**

A. Full Name, Mailing Address and ZIP Code SkinPac (American Academy of Dermatology PAC) Post Office Box 4014 Schaumburg IL 60168-4014 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11-2-2000	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code HBR Block (BlockPac) 4410 Main Street Kansas City MO 64111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11-13-2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	45500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in FIM)

Christopher Cox Congressional committee

ERC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code City National Bank 4685 MacArthur Court Newport Beach, CA 92660	Name of Employer N/A  Occupation N/A	Date (month, day, year) 10-31-00	Amount of Each Receipt this Period 1697.01
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Income	Aggregate Year-To-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional) . . . . . 1697.01

TOTAL This Period (last page this line number only) . . . . . 1697.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full)

Christopher COX Congressional Committee

PEC ID No. C00213297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pacific Bell Payment Center Van Nuys CA 91388	<b>Campaign Telephone</b>	11-3-00 11-21-00	147.82 114.87
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Federal Express Post Office Box 1140 Memphis TN 38101	<b>Package Delivery</b>	10-20-00	18.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Staples Post Office Box 30292 Salt Lake City UT 84130	<b>Office supplies</b>	10-31-00	20.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code ASAP Mailing 4600 Eisenhower Avenue Alexandria VA 22304	<b>Mailing Postage</b>	11-16-00	589.74
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Button Place Hotel 4500 MacArthur Boulevard Newport Beach CA 92660	<b>Event Catering</b>	10-24-00 11-7-00	6251.18 1082.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Capital Hill Club 300 First Street SE Washington DC 20003	<b>Event Catering</b>	10-27-00	1804.11
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code AT&T Worldnet Services  Parsippany NJ 07054	<b>Research</b>	10-20-00 11-10-00	39.90 19.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Bell Atlantic Post Office Box 17396 Baltimore MD 21297	<b>Campaign FAX Telephone</b>	10-31-00 11-27-00	33.22 22.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Diana Devore 6 Bull Run Irvine CA 92620	<b>Postage</b>	10-24-00	59.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

10203.31

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Employment Development Dept. Post office Box 826286 Sacramento CA 94257	State payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-00	61.58
B. Full Name, Mailing Address and ZIP Code U.S. Postmaster 17192 Murphy Avenue Irvine, CA 92614	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-00 10-29-00	132.00 34480.17
C. Full Name, Mailing Address and ZIP Code Color Craft 22645 Sally Ride Drive #100 Sterling VA 20164	Printing & Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-00	5769.71
D. Full Name, Mailing Address and ZIP Code Tustin Ranch Golf Club 12442 Tustin Ranch Road Tustin, CA 92780	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-11-00	300.00
E. Full Name, Mailing Address and ZIP Code Paging Network of Orange Co. Post Office Box 7149 Pasadena, CA 91109-7149	Campaign Paper Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-00	30.87
F. Full Name, Mailing Address and ZIP Code Pacific Club 4110 MacArthur Boulevard Newport Beach CA 92660	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-00 11-17-00	85.00 85.00
G. Full Name, Mailing Address and ZIP Code Litho Graphics 6200 Yarrow Drive Carlsbad, CA 92009	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-29-00	27895.70
H. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 310 First Street, SE Washington, D.C. 20003	Satellite feed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-00	393.07
I. Full Name, Mailing Address and ZIP Code United Airlines sterling VA 20164	Campaign Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-00	551.00

SUBTOTAL of Disbursements This Page (optional) . . . . . 69784.10

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TRBK Inc. 687 Excelsior Blvd. Excelsior MN 55331	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-00	1339.00
B. Full Name, Mailing Address and ZIP Code Accurate Word, Inc. Post office Box 1765 White Plains MD 20695	Campaign Stationery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-21-00	691.50
C. Full Name, Mailing Address and ZIP Code Northwest Airlines  Atlanta GA 30301	Campaign Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-00	731.00
D. Full Name, Mailing Address and ZIP Code Orange County Business Journal 2600 Michelson Drive #170 Irvine CA 92612	Research Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-00	150.27
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code  UNITEMIZED EXPENSES	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-19-00 THUR 11-27-00	Amount of Each Disbursement This Period  250.79
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3170.56

TOTAL This Period (last page this line number only)

83157.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FBC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Wrong Payee/Returned	Date (month, day, year)	Amount of Each Disbursement This Period
John Gerard Ryan 1432 Highwood Drive McLean, VA 22101	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-3-00	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) . . . . . 250.00

TOTAL This Period (last page this line number only) . . . . . 250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Patrick Tiberti For Congress 2021 E. Dublin Grandville Rd Suite 2000 Columbus OH 43229	US House OH/12th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00
B. Full Name, Mailing Address and ZIP Code Brian Kerns for Congress 3906 So U.S. Highway 41 Terre Haute IN 47802	US House IN/7th Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
C. Full Name, Mailing Address and ZIP Code Brian Kerns for Congress 3906 So U.S. Highway 41 Terre Haute IN 47802	US House IN/7th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2000	10/19/00	1000.00
D. Full Name, Mailing Address and ZIP Code Darrell Issa For Congress One Viper Way Vista CA 92083	US House CA/48th Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/21/00	1000.00
E. Full Name, Mailing Address and ZIP Code Darrell Issa For Congress One Viper Way Vista CA 92083	US House CA/48th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2000	10/19/00	1000.00
F. Full Name, Mailing Address and ZIP Code Abraham For Senate 2000 26555 Evergreen Road #1220 Southfield MI 48076	MI/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
G. Full Name, Mailing Address and ZIP Code Derek Smith For Congress 180 S. 300 West #100 Salt Lake City UT 84101	US House UT/2nd Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00
H. Full Name, Mailing Address and ZIP Code Derek Smith For Congress 180 S. 300 West #100 Salt Lake City UT 84101	US House UT/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2000	10/30/00	1000.00
I. Full Name, Mailing Address and ZIP Code Derek Smith For Congress 180 S. 300 West #100 Salt Lake City UT 84101	US House UT/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) YTD \$3000	10/30/00	1000.00

SUBTOTAL of Disbursements This Page (optional) . . . . . 9000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Flake For Congress 4222 East McClellan #19 Mesa AZ 85205	US House AZ/1st Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/21/00	1000.00
Jeff flake For Congress 4222 East McClelland #19 Mesa AZ 85205	US House AZ/1st Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2000	10/19/00	1000.00
Tom Osborne For Congress 227 North Joe Street Hastings NE 68901	US House NE/3rd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$300	11/3/00	300.00
Butch Otter For Congress 405 South 8th street Boise ID 83701	US House ID/1st Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
Butch Otter For Congress 405 South 8th street Boise ID 83701	US House ID/1st Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$2000	10/19/00	1000.00
JoAnn Davis For Congress 4904 B George Washington Hwy Yorktown VA 23692	US House VA/1st Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
Grams for U.S. Senate 480 Cedar Street #450 St. Paul MN 55101	NO/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
Ed Whitfield For Congress 1611 S. Main street #7 Hopkinsville KY 42240	US House KY/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
Ashcroft For Senate 2326 Millpark Drive St. Louis MO 63043	NO/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00

SUBTOTAL of Disbursements This Page (optional) 8300.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in FUD)

Christopher COX Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taylor For Congress 8 South Market Street Asheville NC 28802	US House NC/11th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10-26-00	1000.00
B. Full Name, Mailing Address and ZIP Code Mark Kirk for Congress 1910 Haukegan Road Glenview IL 60025	US House IL/10th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10-19-00	1000.00
C. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns 1826 Grand Avenue Billings MT 59103	MT/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
D. Full Name, Mailing Address and ZIP Code Dick Zimmerman For Congress 3131 Princeton Pike 4-215 Lawrenceville NJ 08648	US House NJ/12th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
E. Full Name, Mailing Address and ZIP Code Dick Zimmerman For Congress 3131 Princeton Pike 4-215 Lawrenceville, NJ 08648	US House NJ/12th Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) YTD \$6000	11/15/00	5000.00 Recount fund
F. Full Name, Mailing Address and ZIP Code Kay Bailey Hutchinson For Senate Committee 211 East 7th Street #510 Austin TX 78701	TX/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
G. Full Name, Mailing Address and ZIP Code Jennifer Carroll For Congress 7736 Lem Turner Road Jacksonville FL 32208	US House FL/3rd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00
H. Full Name, Mailing Address and ZIP Code DeWine for US Senate 145 East Rich Street Columbus OH 43215	OH/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
I. Full Name, Mailing Address and ZIP Code Don Stanberg For US Senate 12100 West Center Road #820 Omaha NE 68144	NE/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00

SUBTOTAL of Disbursements This Page (optional) . . . . . 13000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenny Bulthof For Congress 409 Van Diver Drive Hi-10 Columbia Mo 65205	US House MO/9th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
B. Full Name, Mailing Address and ZIP Code Frist 2000 2000 Glen Echo Drive #107 Nashville TN 37215	TN/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
C. Full Name, Mailing Address and ZIP Code Ensign For Senate 405 S. Decatur Las Vegas NV 89107	NV/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
D. Full Name, Mailing Address and ZIP Code Linda Runbeck For Congress 1402 Concordia Avenue St. Paul MN 55104	US House MN/4th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00
E. Full Name, Mailing Address and ZIP Code Santorum 2000 436 South Main Street Pittsburgh PA 15220	PA/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
F. Full Name, Mailing Address and ZIP Code Friends of clay shaw 2500 N Federal Hwy. #303 Ft. Lauderdale FL 33305	US House FL/22nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00
G. Full Name, Mailing Address and ZIP Code Bob Franks for US Senate 310 West Westfield Avenue Roselle Park NJ 07204	NJ/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
H. Full Name, Mailing Address and ZIP Code Jack Koster for Congress 1426 Bewitt Avenue Everett WA 98201	US House WA/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
I. Full Name, Mailing Address and ZIP Code Hatch Election Committee 175 S West Temple St. #780 Salt Lake City UT 84101	UT/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00

SUBTOTAL of Disbursements This Page (optional) . . . . . 9000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	5	6
FOR LINE NUMBER		
21		

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

NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID NO. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ryan for Congress 800 S.W. Jackson S 1000 Topeka KS 66612	US House KS/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Dick Lugar 1100 W. 42nd Street #335 Indianapolis IN 46208	IN/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
C. Full Name, Mailing Address and ZIP Code Rich Rodrigues For Congress 520 West Lacey Boulevard Marford CA 93230	US House CA/20th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
D. Full Name, Mailing Address and ZIP Code Bill McCollum For US Senate 605 East Robinson St. #105 Orlando FL 32801	FL/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
E. Full Name, Mailing Address and ZIP Code Bill Redmond For US Senate 6000 Indian School Rd NE Suite 110 Albuquerque NM 87110	NM/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
F. Full Name, Mailing Address and ZIP Code Anne Northrup For Congress 4006 Dutchmans Lane Louisville KY 40207	US House KY/4th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
G. Full Name, Mailing Address and ZIP Code Snowe For Senate 85 E Street South Portland ME 04106	ME/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
H. Full Name, Mailing Address and ZIP Code Lincoln Chafee For US Senate 1800 Post Road Airport Plaza Warwick RI 02886	RI/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
I. Full Name, Mailing Address and ZIP Code Putnam For Congress 135 East Main Street Barton FL 33830	US House FL/12th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/26/00	1000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

Christopher Cox Congressional Committee

FBC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roth For Senate Committee 2814 B Lancaster Avenue Wilmington DE 19805	US House DE/05 Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
B. Full Name, Mailing Address and ZIP Code Gray PAC 1012 South Oakland Street Arlington VA 22204	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$5000	10/25/00	5000.00
C. Full Name, Mailing Address and ZIP Code Mike Pence For Congress 10 West 8th Street Anderson IN 46016	US House IN/2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/30/00	1000.00
D. Full Name, Mailing Address and ZIP Code Jeffords for Vermont Comm. Capital Plaza Room 346 Montpelier VT 05602	VT/US Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
E. Full Name, Mailing Address and ZIP Code Mattingly For Senate 443 E. Paces Ferry Road Atlanta GA 30305	GA/US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	1000.00
F. Full Name, Mailing Address and ZIP Code John Culberson For Congress 14133 Memorial Drive Houston TX 77079	US House TX/7th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/19/00	1000.00
G. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 310 First Street, SE Washington D.C. 20003	Transfer Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1000	10/25/00	50000.00
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) . . . . . 60000.00

TOTAL This Period (last page this line number only) . . . . . 106300.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12/7/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Ch</i> PREPARER	12/12/00 DATE PREPARED