

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CHRIS COX FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	103136.00	541582.00
(b) Total Contribution Refunds (from Line 20(d)).....	3400.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99736.00	538082.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	671541.86	1271337.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	671541.86	1271337.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	265844.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1000000.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
CHRIS COX FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	94461.00	485514.00
(i) Itemized (use Schedule A).....	7675.00	35568.00
(ii) Unitemized.....	102136.00	521082.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	1000.00	7500.00
(c) Other Political Committees (such as PACS).....	0.00	13000.00
(d) The Candidate.....	103136.00	541582.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	1000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	103136.00	1541582.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	671541.86	1271337.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	3400.00	3500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3400.00	3500.00
21. OTHER DISBURSEMENTS.....	150.00	900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	675091.86	1275737.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	837800.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	103136.00
25. SUBTOTAL (add Line 23 and Line 24).....	940936.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	675091.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	265844.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MR. PHILIP BANKS	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 115106-223RD ST.	Transaction ID: SA11AI.5642
	City State Zip Code CAMBRIA HEIGHTS NY 11411-1231	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ONE HUNDRED BLACK MEN PRESIDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER BEATTIE	Date of Receipt MM / DD / YYYY 08 / 14 / 2010
	Mailing Address 74 LEONARD ST	Transaction ID: SA11AI.5662
	City State Zip Code WADING RIVER NY 11792-1608	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation TEKMARK COMPUTER PROGRAMMER	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARC N. BENHURI, D.M.D	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 29 WEST 57TH STREET SUITE 1200	Transaction ID: SA11AI.5566
	City State Zip Code NEW YORK NY 10019-3406	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE BENHURI CENTER OF LASER DENTISTRY DENTIST	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 6 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARC N. BENHURI, D.M.D.
 Mailing Address 29 WEST 57TH STREET
SUITE 1200
 City NEW YORK State NY Zip Code 10019-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE BENHURI CENTER OF LASER DENTISTRY Occupation DENTIST
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 08 / 25 / 2010
Transaction ID: SA11AI.5567
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTHONY BERGAMO
 Mailing Address 150 EAST 69TH ST
 City NEW YORK State NY Zip Code 10021-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MB REAL ESTATE Occupation VICE CHAIRMAN
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.5575
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MICHELLE BERGMAN
 Mailing Address 334 WHITE OAK RIDGE RD
 City SHORT HILLS State NJ Zip Code 07078-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUANE REED Occupation ATTORNEY
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.5542
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RICHARD A. BERNSTEIN

Mailing Address
444 MADISON AVENUE

City State Zip Code
NEW YORK NY 10022-6903

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

Name of Employer Occupation
R.A.B. HOLDINGS CHAIRMAN

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5587

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD E. BLUM

Mailing Address 9 WATERMARK WAY

City State Zip Code
THE WOODLANDS TX 77381-6618

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

Name of Employer Occupation
MA GALES CO PRESIDENT

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11AI.5697

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JOETTA BOKSER

Mailing Address 47 VICTORIA PLACE EAST

City State Zip Code
FORT LEE NJ 07024-1805

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.5541

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADAM EB BRECHT

Mailing Address
7 CORNELIA STREET SUITE 2F

City State Zip Code
NEW YORK NY 10014-4113

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

Name of Employer
INTERNATION COSMETICS & PERFUMES

Occupation
VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5562

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 211 WOODBINE AVE.
211 WOODBINE AVE.

City State Zip Code
NORTHPORT NY 11768-2818

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2010

Transaction ID: SA11AI.5653

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRY J. BUCKEL

Mailing Address 211 WOODBINE AVE.
211 WOODBINE AVE.

City State Zip Code
NORTHPORT NY 11768-2818

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA11AI.5654

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

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

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FOR LINE NUMBER: PAGE 9 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HARRY J. BUCKEL

Mailing Address 211 WOODBINE AVE.
211 WOODBINE AVE.

City NORTHPORT State NY Zip Code 11768-2818

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.5655
 Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BEN CARPENTER

Mailing Address 22 ROUND HILL CLUB ROAD

City GREENWICH State CT Zip Code 06831-3326

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

Name of Employer RBS GREENWICH CAPITA Occupation VICE CHAIRMAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2010
Transaction ID: SA11AI.5533
 Amount of Each Receipt this Period 1000.00
CONTRIBUTION

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

Mailing Address 817TH FIFTH AVENUE

City NEW YORK State NY Zip Code 10065

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

Name of Employer RED APPLE GROUP Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 03 / 2010
Transaction ID: SA11AI.5602
 Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

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

Mailing Address 817TH FIFTH AVENUE

City State Zip Code
NEW YORK NY 10065

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

Name of Employer Occupation
RED APPLE GROUP CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5601

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARGO CATSIMATIDIS

Mailing Address 817-5TH AVE

City State Zip Code
NEW YORK NY 10065-7254

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

Name of Employer Occupation
HELENIC TIMES EDITOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5604

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES H. CAVANAUGH, PH.D.

Mailing Address 265 HOTHORPE LANE

City State Zip Code
VILLANOVA PA 19085-1115

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

Name of Employer Occupation
HEALTHCARE VENTURES, LLC MANAGING DIRECTOR

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2010

Transaction ID: SA11AI.5672

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. PAULINE CHAHALES

Mailing Address 17 BLUEBERRY HILL ROAD

City MAHOPAC State NY Zip Code 10541-3307

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

Name of Employer P.E.C. SECURITY Occupation OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010
Transaction ID: SA11AI.5626
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAYREE CLARK

Mailing Address 14 EAST 93RD STREET

City NEW YORK State NY Zip Code 10128-0610

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

Name of Employer AETOS CAPITAL Occupation FINANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2010
Transaction ID: SA11AI.5613
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JONATHAN E. COLBY

Mailing Address 2 BRIGHTVIEW AVE

City HOBE SOUND State FL Zip Code 33455-2123

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

Name of Employer THE CARLYLE GROUP Occupation INVESTMENTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.5682
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW F. COUGLIN, III

Mailing Address 2541 EAST 30TH STREET

City State Zip Code
TULSA OK 74114-5622

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

Name of Employer: INTERNATIONAL INSURANCE BROKERS, INC. Occupation: INSURANCE BROKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: SA11AI.5691
 Amount of Each Receipt this Period: 2400.00
CONTRIBUTION

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

Mailing Address 30 WEST 63RD ST.
APT. 5V

City State Zip Code
NEW YORK NY 10023-7108

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

Name of Employer: NORTHSIDE DEVELOPMENT Occupation: CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.5591
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH DEKAMA

Mailing Address 30 WEST 63RD ST.
APT. 5V

City State Zip Code
NEW YORK NY 10023-7108

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

Name of Employer: NORTHSIDE DEVELOPMENT Occupation: CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 24 / 2010
Transaction ID: SA11AI.5592
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 129

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. DOMENIC DEL BALSO

Mailing Address 360 WEST NECK ROAD

City State Zip Code
HUNTINGTON NY 11743-1725

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

Name of Employer Occupation
A J GALLAGHER INSURANCE EXECUTIVE

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5651

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANTHONY H. DIAMATARIS

Mailing Address 12 PLEASANT LANE

City State Zip Code
OLD BROOKVILLE NY 11545

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

Name of Employer Occupation
NATIONAL HERALD EDITOR

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5259

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

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

Mailing Address 1 PENN PLAZA
50TH STREET

City State Zip Code
NEW YORK NY 10119-0002

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

Name of Employer Occupation
BEAU DIETL & ASSOCIATES CHAIRMAN

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1.00

Date of Receipt

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

Transaction ID: SA11AI.5608

Amount of Each Receipt this Period

1.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1501.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RICHARD DIETL

Mailing Address 1 PENN PLAZA
50TH STREET

City State Zip Code
NEW YORK NY 10119-0002

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

Name of Employer Occupation
BEAU DIETL & ASSOCIATES CHAIRMAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11AI.5609

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 737 PARK AVENUE
APT. 9A

City State Zip Code
NEW YORK NY 10021-4264

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

Name of Employer Occupation
JP MORGAN STOCK BROKER

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5573

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD R. DOWNE JR.

Mailing Address
1133 PARK AVENUE

City State Zip Code
NEW YORK NY 10128-1246

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

Name of Employer Occupation
SELF EMPLOYED PRIVATE INVESTOR

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5617

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAMELA S. FARINO

Mailing Address 30 SUMMERSET DRIVE

City State Zip Code
SMITHTOWN NY 11787-1718

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5657

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAMELA S. FARINO

Mailing Address 30 SUMMERSET DRIVE

City State Zip Code
SMITHTOWN NY 11787-1718

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2010

Transaction ID: SA11AI.5658

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SOMERS FARKES

Mailing Address 470 PARK AVE

City State Zip Code
NEW YORK NY 10022-1946

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5581

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 129

(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. H. J FIELD

Mailing Address

825 PAINTED BUNTING LANE

City State Zip Code
VERO BEACH FL 32963-2026

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
FRANCIS FINELLI

Mailing Address

10621 DONOVAN HILLS DRIVE

City State Zip Code
FAIRFAX STATION VA 22039-1870

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

Name of Employer Occupation
THE CARLYLE GROUP BANKER

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5676

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PATRICIA FORREST

Mailing Address

815 PARK AVE

City State Zip Code
NEW YORK NY 10021-3295

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.5571

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA FRANKLIN

Mailing Address 2700 VIRGINIA AVE NW

City State Zip Code
WASHINGTON DC 20037-1909

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

Name of Employer Occupation
BARBARA FRANKLIN ENTERPRISES PRESIDENT

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

Date of Receipt
MM / DD / YYYY
07 / 03 / 2010

Transaction ID: SA11AI.5674

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 239 SUNNY RIDGE RD.

City State Zip Code
HARRISON NY 10528-1521

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

Name of Employer Occupation
JCF INDUSTRIES LTD PRESIDENT

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: SA11AI.5622

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK FUTTERMAN

Mailing Address 16315 Vinetage Oaks Lane

City State Zip Code
Delray Beach FL 33484

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.5491

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JACK FUTTERMAN

Mailing Address 16315 Vinetage Oaks Lane

City State Zip Code
Delray Beach FL 33484

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11AI.5683

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 111 EAST 6TH STREET SUITE 211

City State Zip Code
NEW YORK NY 10022

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5189

Amount of Each Receipt this Period
1100.00

CONTRIBUTION

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

Mailing Address 111 EAST 6TH STREET SUITE 211

City State Zip Code
NEW YORK NY 10022

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5190

Amount of Each Receipt this Period
900.00

CONTRIBUTION

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 129

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

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

Mailing Address 107 JEFFERSON AVE

City State Zip Code
PORT JEFFERSON NY 11777-2017

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Election Cycle-to-Date ▼
310.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2010

Transaction ID: SA11AI.5656

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CARL GIESLER

Mailing Address 3012 REBA

City State Zip Code
HOUSTON TX 77019-6204

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

Name of Employer
HARBINGER CAPITAL PARTNERS

Occupation

FINANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2010

Transaction ID: SA11AI.5695

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LAWRENCE L. GINSBURG

Mailing Address
57 WELLINGTON AVE.

City State Zip Code
NEW ROCHELLE NY 10804-3703

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

Name of Employer
MOSES & SINGER LLP

Occupation

ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5632

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER K. GLEASON

Mailing Address
P.O. BOX 8

City State Zip Code
JOHNSTOWN PA 15907-0008

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

Name of Employer Occupation
GLEASON AGENCY CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

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

Transaction ID: SA11AI.5667

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT GLEASON JR.

Mailing Address
12 PELKNUD LANE

City State Zip Code
JOHNSTOWN NY 15905

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

Name of Employer Occupation
PA REPUBLICAN PARTY CHAIRMAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

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

Transaction ID: SA11AI.5466

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LES GOODSTEIN

Mailing Address
305 WEST 98TH ST. APT. 7GN

City State Zip Code
NEW YORK NY 10025-5500

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

Name of Employer Occupation
NEWS CORP. SENIOR VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11AI.5597

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 129

(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. NOAH GOTTDIENER

Mailing Address 239 E 61ST STREET

City State Zip Code
NEW YORK NY 10065-8203

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

Name of Employer Occupation
DUFF & PHELPS CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5606

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EDWARD H. HAMM

Mailing Address 243 S BEACH ROAD

City State Zip Code
HUHE SOUND FL 33955

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

Name of Employer Occupation
ACOMA OIL PARTNER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5493

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

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

Mailing Address 341 MENDHAM RD.

City State Zip Code
BERNARDSVILLE NJ 07924-1205

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

Name of Employer Occupation
CELGENE CEO

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.5552

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 129

(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

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

Mailing Address 341 MENDHAM RD.

City State Zip Code
BERNARDSVILLE NJ 07924-1205

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

Name of Employer Occupation
CELGENE CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.5553

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

B.

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

Mailing Address 1233 RIMMON ROCK ROAD

City State Zip Code
STAMFORD CT 06903-1107

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2010

Transaction ID: SA11AI.5536

Amount of Each Receipt this Period

1400.00

CONTRIBUTION

C.

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

Mailing Address 1233 RIMMON ROCK ROAD

City State Zip Code
STAMFORD CT 06903-1107

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2010

Transaction ID: SA11AI.5537

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

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

Mailing Address 1233 RIMMON ROCK ROAD

City State Zip Code
STAMFORD CT 06903-1107

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

Name of Employer LIBERTY TRAVEL Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

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

Transaction ID: SA11AI.5538

Amount of Each Receipt this Period
 1400.00

CONTRIBUTION

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

Mailing Address 1233 RIMMON ROCK ROAD

City State Zip Code
STAMFORD CT 06903-1107

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

Name of Employer LIBERTY TRAVEL Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

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

Transaction ID: SA11AI.5539

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 149 WOODGATE RD

City State Zip Code
MIDDLETOWN NJ 07748-3734

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

Name of Employer OPPENHEIMER Occupation FINANCIAL ADVISOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.5548

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES W. JACOBS

Mailing Address Requested

City State Zip Code
NEW YORK NY 11787

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11AI.5522

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 108 EDGERSTOUNE ROAD

City State Zip Code
PRINCETON NJ 08540-6716

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.5556

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 108 EDGERSTOUNE ROAD

City State Zip Code
PRINCETON NJ 08540-6716

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
DALE JONES

Mailing Address
314 WEST 71ST ST.

City State Zip Code
NEW YORK NY 10023-3502

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

Name of Employer Occupation
SELF ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: SA11AI.5589

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. PETER KAKOYIANNIS

Mailing Address 1413 SILO ROAD

City State Zip Code
YARDLEY PA 19067-4240

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

Name of Employer Occupation
EISEMAN & LEVINE, P.A. ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5670

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT GEORGE KALL

Mailing Address
P.O. BOX 142 14 GIENWOOD LANE

City State Zip Code
SAGAPONACK NY 11962-0142

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
40.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5664

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **790.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 129

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ROBERT GEORGE KALL

Mailing Address

P.O. BOX 142 14 GIENWOOD LANE

City

State

Zip Code

SAGAPONACK

NY

11962-0142

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.5665

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
EMMANUEL A. KAMPOURIS

Mailing Address 622 VAN BEUREN ROAD

City

State

Zip Code

MORRISTOWN

NJ

07960-6462

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

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

Transaction ID: SA11AI.5554

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

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

Mailing Address

13 PARTRIDGE HOLLOW ROAD

City

State

Zip Code

GREENWICH

CT

06831-2662

FEC ID number of contributing federal political committee.

C

Name of Employer
AUSPEX GROUP INC.

Occupation

INVESTOR

Receipt For:

2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: SA11AI.5530

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

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

Mailing Address
13 PARTRIDGE HOLLOW ROAD

City State Zip Code
GREENWICH CT 06831-2662

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

Name of Employer Occupation
AUSPEX GROUP INC. INVESTOR

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

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: SA11AI.5531

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIHONG KIM

Mailing Address 48 CEDAR DRIVE

City State Zip Code
TUXEDO PARK NY 10987-4806

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

Name of Employer Occupation
AST SYSTEM VICE PRESIDENT

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

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.5634

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 83 JACOB STREET

City State Zip Code
STATEN ISLAND NY 10307-2024

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

Name of Employer Occupation
MMG AGENCY INC. PRESIDENT

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: SA11AI.5619

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
SAVAS KONSTANTINIDES

Mailing Address 10 MERRICVALE ROAD

City State Zip Code
GREAT NECK NY 11021-4915

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

Name of Employer Occupation
OMEGA BROKERAGE BROKER

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5636

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
STEVEN KRAEMER

Mailing Address 9 CROWS NEST ROAD

City State Zip Code
BRONXVILLE NY 10708-4801

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

Name of Employer Occupation
SELF INVESTMENTS

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: SA11AI.5630

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SHELDON J. KRAVITZ

Mailing Address 370 EAST 76TH STREET
APT. C508

City State Zip Code
NEW YORK NY 10021-0281

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

Name of Employer Occupation
PLUS MEDIA BUYING SERVICES PRESIDENT

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5569

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. ALEXANDRER KRONER

Mailing Address
78 DARMOUTH STREET

City State Zip Code
FOREST HILLS NY 11375-5142

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

Name of Employer Occupation
CREDIT SUISSE DIRECTOR

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5640

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HOWARD LAKS

Mailing Address
480 PARK AVE #4C

City State Zip Code
NEW YORK NY 10022-1613

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

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

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5579

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
R. SCOTT LALLEY

Mailing Address
44 STRAWBERRY HILL AVE APT. UT 11E

City State Zip Code
STAMFORD CT 06902-2632

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

Name of Employer Occupation
SELF EMPLOYED INTERIOR DESIGNER

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5535

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DAVID LERNER

Mailing Address 477 JERICHO TURNPIKE
P.O. BOX 9006

City SYOSSET State NY Zip Code 11791-4510

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

Name of Employer DAVID LERNER & ASSOCIATES Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.5660
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD LIPSKY

Mailing Address 140 RIVERSIDE DRIVE
APT. 8J

City NEW YORK State NY Zip Code 10024-2605

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

Name of Employer SELF EMPLOYED Occupation LOBBYIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010
Transaction ID: SA11AI.5594
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LISA J. LONUZZI

Mailing Address 41 BARON AVE

City STATEN ISLAND State NY Zip Code 10314-3601

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

Name of Employer DE FALCO REALTY Occupation REAL ESTATE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.5621
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. MANDELKER

Mailing Address 206 TODD ROAD

City State Zip Code
KATONAH NY 10536-2410

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

Name of Employer Occupation
KANTOR, DAVIDOFF, WOLFE LAWYER

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5624

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARKOS MARINAKIS

Mailing Address 242 WAST 74TH STREET

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
MARINAKIS CHARTERING PRESIDENT

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5187

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ELIZABETH P. MCCAUGHEY

Mailing Address 1111 PARK AVE
APT. 13C

City State Zip Code
NEW YORK NY 10128-1234

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5615

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MR. RICHARD T. MCCORMACK	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address ONE BRYANT PARK	Transaction ID: SA11AI.5599
	City State Zip Code NEW YORK NY 10036-6715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BANK OF AMERICA MERRILL LYNCH VICE CHAIRMAN Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS MCCORMICK	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 1080 FIFTH AVE, PH	Transaction ID: SA11AI.5611
	City State Zip Code NEW YORK NY 10128-0102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RHO PARTNERS VENTURE PARTNER Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) DAVID MICHAELS	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 41 GRAHAM ROAD	Transaction ID: SA11AI.5628
	City State Zip Code SCARSDALE NY 10583-7207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

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

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

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

FOR LINE NUMBER: PAGE 33 / 129

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MRS. MICHELE MOSBACHER

Mailing Address 2910 LAZY LANE

City State Zip Code
HOUSTON TX 77019-1302

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2010

Transaction ID: SA11AI.5693

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. PAMELA NEWAN

Mailing Address 199 WATER STREET, 84TH STREET

City State Zip Code
NEW YORK NY 10038

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

Name of Employer Occupation
AON EXECUTIVE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5195

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LLOYD NOBLE II

Mailing Address 20 E FIFTH STE 1212

City State Zip Code
TULSA OK 74103-4439

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5689

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT A. OLINS

Mailing Address
33 STONEHAM DRIVE

City State Zip Code
WEST HARTFORD CT 06117-2251

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

Name of Employer Occupation
N/A N/A

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2010

Transaction ID: SA11AI.5524

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 29 ARROWHEAD WAY

City State Zip Code
DARIEN CT 06820-5506

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

Name of Employer Occupation
BBDO EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5528

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELIZABETH S. PANKEY

Mailing Address P.O. BOX 10274

City State Zip Code
SANTA ANA CA 92711-0274

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2010

Transaction ID: SA11AI.5703

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 35 / 129

(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
PETER J. PAPPAS

Mailing Address
135 W 18TH ST.

City State Zip Code
NEW YORK NY 10011-4104

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

Name of Employer Occupation
PJ MECHANICAL CHAIRMAN

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5559

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GENE V. PULLO

Mailing Address
5 RIVERVIEW TERRACE

City State Zip Code
NEW YORK NY 10022-2405

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

Name of Employer Occupation
METRO TERMINALS CORP PRESIDENT

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5583

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DAN QUAYLE

Mailing Address
7001 N SCOTTSDALE ROAD # 2010

City State Zip Code
SCOTTSDALE AZ 85253-3658

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

Name of Employer Occupation
SELF SELF

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5701

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR. DAVID RAPPA

Mailing Address 161 GRAND STREET
APT. 8A

City State Zip Code
NEW YORK NY 10013-3147

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5560

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GUY C. RENZI

Mailing Address 369-78TH STREET

City State Zip Code
BROOKLYN NY 11209-3012

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5638

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ADAM ROSENBLATT

Mailing Address
81 TULIPWOOD DRIVE

City State Zip Code
COMMACK NY 11725-5624

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2010

Transaction ID: SA11AI.5649

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1460.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD SILVERMAN

Mailing Address
9 FOX HOLLOW

City State Zip Code
PORKRIDGE NJ 07656-2602

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

Name of Employer Occupation
BANK OF AMERICA BANKER

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

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

Transaction ID: SA11AI.5546

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 333 E. 66TH STREET
APT. 3L

City State Zip Code
NEW YORK NY 10065-6271

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

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

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

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

Transaction ID: SA11AI.5600

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD J. SISKIN

Mailing Address
11 WADSWORTH ROAD

City State Zip Code
SUDBURY MA 01776-1372

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

Name of Employer Occupation
CRYSTAL CAPITAL FINANCE

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

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

Transaction ID: SA11AI.5521

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 129

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

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

Mailing Address

870 UNITED NATIONS PLAZA #29A

City State Zip Code
NEW YORK NY 10017-1807

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

Name of Employer
NAPCO SECURITY OPTIONS IN-
C.

Occupation
CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: SA11AI.5564

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

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

Mailing Address

45 SUTTON PLACE

City State Zip Code
NEW YORK NY 10022-2444

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

Name of Employer
ABN AMRO BANK

Occupation
FINANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5585

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

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

Mailing Address

1320 RXR PLAZA

City State Zip Code
UNIONDALE NY 11556-1320

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

Name of Employer
FARRELL FRITZ PC

Occupation
ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5647

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM STEERE, JR.
Mailing Address 27471 HARBOR COVE COURT
City State Zip Code
BONITA SPRINGS FL 34134-1620
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
RETIRED RETIRED
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.5685
Amount of Each Receipt this Period
2400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT STRANG
Mailing Address 1 EAST 60TH STREET #92
City State Zip Code
NEW YORK NY 10022-1178
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INVESTIGATIVE MANGEMENT GROUP CEO
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.5577
Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA TAVLARIOS
Mailing Address 15 WRENFIELD LANE
City State Zip Code
DARIEN CT 06820-2201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HOMEMAKER HOMEMAKER
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.5526
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3650.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 40 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

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

Mailing Address 214 W TEXAS AVE.
SUITE 1101

City MIDLAND State TX Zip Code 79701-4600

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

Name of Employer MEXCO ENERGY Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: SA11AI.5699

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MYRON L. TURFITT

Mailing Address P.O. BOX 514

City WARREN State PA Zip Code 16365-0514

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

Name of Employer UNTIED REFINING CORP. Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2010

Transaction ID: SA11AI.5669

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PETER VLACHOS

Mailing Address 245 WEST 107TH STREET
APT. 3H

City NEW YORK State NY Zip Code 10025-3052

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2010

Transaction ID: SA11AI.5595

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 129
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IRA WEISS

Mailing Address 3 LOREN WAY

City State Zip Code
MORGANVILLE NJ 07751-1326

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

Name of Employer Occupation
ACME CASH REGISTER OWNER

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

Date of Receipt
MM / DD / YYYY
08 / 25 / 2010

Transaction ID: SA11AI.5550

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LYNNE F. WHITE

Mailing Address 826 UNION ST

City State Zip Code
NEW ORLEANS LA 70112-1410

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

Name of Employer Occupation
MYSELF SELF

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

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11AI.5687

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 8900 170TH STREET
SUITE 5L

City State Zip Code
JAMAICA NY 11432-5309

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

Name of Employer Occupation
FIRST CITY DEVELOPERS CONSULTANT

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

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.5644

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) MR. JAMES R. WILLIAMS		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
Mailing Address 8900 170TH STREET SUITE 5L		Transaction ID: SA11AI.5645
City JAMAICA	State NY	Zip Code 11432-5309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer FIRST CITY DEVELOPERS	Occupation CONSULTANT	CONTRIBUTION
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B.

Full Name (Last, First, Middle Initial) MR. ROBERT ZORN		Date of Receipt MM / DD / YYYY 08 / 19 / 2010
Mailing Address 824 NANCY WAY		Transaction ID: SA11AI.5544
City WESTFIELD	State NJ	Zip Code 07090-3425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNITED REFINING, INC	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2650.00
TOTAL This Period (last page this line number only)	▶	94461.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 129
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
FUND FOR AMERICA'S FUTURE

Mailing Address P.O. BOX 1373

City State Zip Code
COLUMBIA SC 29202-1373

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2010

Transaction ID: SA11C.5678

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

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

Mailing Address 222 Middle Country Road

City State Zip Code
Smithtown NY 11787

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5403

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
AAA Printing Inc.

Mailing Address 925-8 Lincoln Ave

City State Zip Code
Holbrook NY 11741

Purpose of Disbursement
Yard Signs & T-shirts

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5323

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

3987.50

C. Full Name (Last, First, Middle Initial)
Andrew Abramoske, Jr.

Mailing Address 289 Seminole St

City State Zip Code
Ronkonkoma NY 11779

Purpose of Disbursement
Canvasser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5365

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

495.00

SUBTOTAL of Disbursements This Page (optional) ►

7482.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Andrew Abramoske, Jr.</p> <p>Mailing Address 289 Seminole St</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5366</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 795.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kawauna Abton</p> <p>Mailing Address 1203 Bushwick Ave</p> <p>City Brooklyn State NY Zip Code 11221</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5223</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 480.00</p>
<p>C. Full Name (Last, First, Middle Initial) Aero Tech Designs</p> <p>Mailing Address 1132 4th Ave</p> <p>City Coraopolis State PA Zip Code 15108</p> <p>Purpose of Disbursement Campaign Shirts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5462</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 696.70</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1971.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Levon Antreastan</p> <p>Mailing Address 1154 Sheldon Dr</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5283</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p>B. Full Name (Last, First, Middle Initial) Armenian American Night</p> <p>Mailing Address Hempstead Tpke East Meadows</p> <p>City Long Island State NY Zip Code 11558</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5277</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th St</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5177</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3950.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
David Atkins

Transaction ID: SB17.5178
Date of Disbursement

Mailing Address 55 West 26th St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

City State Zip Code
New York NY 10010

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Payroll - Finance Director

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
David Atkins

Transaction ID: SB17.5179
Date of Disbursement

Mailing Address 55 West 26th St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

City State Zip Code
New York NY 10010

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Payroll - Finance Director

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
David Atkins

Transaction ID: SB17.5180
Date of Disbursement

Mailing Address 55 West 26th St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City State Zip Code
New York NY 10010

Amount of Each Disbursement this Period

2628.09

Purpose of Disbursement
Payroll - Finance Director

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

8628.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David Atkins Mailing Address 55 West 26th St City New York State NY Zip Code 10010 Purpose of Disbursement Payroll - Finance Director Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5181 Date of Disbursement 08 / 13 / 2010 Amount of Each Disbursement this Period 3000.00
B.	Full Name (Last, First, Middle Initial) B-Fresh Consulting Mailing Address 816 Elm St City Manchester State NH Zip Code 03101 Purpose of Disbursement Website, Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5158 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 1256.00
C.	Full Name (Last, First, Middle Initial) Ballot Consulting Mailing Address 3925 61st St City Woodside State NY Zip Code 11377 Purpose of Disbursement Petition Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5241 Date of Disbursement 07 / 22 / 2010 Amount of Each Disbursement this Period 20000.00

SUBTOTAL of Disbursements This Page (optional) ▶

24256.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ballot Consulting Mailing Address 3925 61st St City Woodside State NY Zip Code 11377 Purpose of Disbursement Petition Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5242 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 5857.07 Category/Type
B.	Full Name (Last, First, Middle Initial) Ballot Consulting Mailing Address 3925 61st St City Woodside State NY Zip Code 11377 Purpose of Disbursement Petition Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5243 Date of Disbursement 08 / 07 / 2010 Amount of Each Disbursement this Period 512.40 Category/Type
C.	Full Name (Last, First, Middle Initial) Ballot Consulting Mailing Address 3925 61st St City Woodside State NY Zip Code 11377 Purpose of Disbursement Petition Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5244 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 1420.50 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

7789.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ballot Consulting	Transaction ID: SB17.5245 Date of Disbursement																			
	Mailing Address 3925 61st St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	1	0												
	City Woodside State NY Zip Code 11377	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Petition Management	<table border="1"><tr><td>1331.41</td></tr></table>	1331.41																		
1331.41																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Ballot Consulting	Transaction ID: SB17.5246 Date of Disbursement																			
	Mailing Address 3925 61st St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	3		2	0	1	0												
	City Woodside State NY Zip Code 11377	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Petition Management	<table border="1"><tr><td>1383.44</td></tr></table>	1383.44																		
1383.44																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BaseLine Consulting	Transaction ID: SB17.5467 Date of Disbursement																			
	Mailing Address 11 Stoney Hill Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	0												
	City New Hope State PA Zip Code 18938	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Voter History Research	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5714.85</td></tr></table>	5714.85
5714.85		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bellwether Consulting

Transaction ID: SB17.5167
Date of Disbursement

Mailing Address PO Box 31

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City Millburn State NJ Zip Code 07041

Amount of Each Disbursement this Period

6088.71

Purpose of Disbursement
Fundraising Consultant

Category/ Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
Laurence Biziglio

Transaction ID: SB17.5416
Date of Disbursement

Mailing Address 578 Higbie Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City W Islip State NY Zip Code 11795

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
Black Sheep Television

Transaction ID: SB17.5439
Date of Disbursement

Mailing Address PO Box 1116

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

City Hampton Bays State NY Zip Code 11946

Amount of Each Disbursement this Period

3575.78

Purpose of Disbursement
Video Production

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

9889.49

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Justin Block Mailing Address 10 Partridge Dr City Commack State NY Zip Code 11725 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5305 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Jesse Bohman Mailing Address 627 Pease Ln City West Isup State NY Zip Code 11795 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5418 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 321.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jesse Bohman Mailing Address 627 Pease Ln City West Isup State NY Zip Code 11795 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5419 Date of Disbursement 08 / 15 / 2010 Amount of Each Disbursement this Period 354.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1175.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Kaitlyn Bolton</p> <p>Mailing Address 7 Old Fort Ln</p> <p>City Southampton State NY Zip Code</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5705</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 238.73</p>
<p>B. Full Name (Last, First, Middle Initial) Delton Braham</p> <p>Mailing Address 104 Florence Ave</p> <p>City Hempstead State NY Zip Code 11550</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5261</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 340.00</p>
<p>C. Full Name (Last, First, Middle Initial) Delton Braham</p> <p>Mailing Address 104 Florence Ave</p> <p>City Hempstead State NY Zip Code 11550</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5262</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

878.73

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Richard L Bronchick</p> <p>Mailing Address 672 Sandra Ave</p> <p>City W Islip State NY Zip Code 11795</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5421</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 245.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Richard L Bronchick</p> <p>Mailing Address 672 Sandra Ave</p> <p>City W Islip State NY Zip Code 11795</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5422</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 725.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Richard L Bronchick</p> <p>Mailing Address 672 Sandra Ave</p> <p>City W Islip State NY Zip Code 11795</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5423</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 315.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1285.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Richard L Bronchick</p> <p>Mailing Address 672 Sandra Ave</p> <p>City W Islip State NY Zip Code 11795</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5424</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 547.00</p>
<p>B. Full Name (Last, First, Middle Initial) Richard L Bronchick</p> <p>Mailing Address 672 Sandra Ave</p> <p>City W Islip State NY Zip Code 11795</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5425</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 270.00</p>
<p>C. Full Name (Last, First, Middle Initial) Budget Printing</p> <p>Mailing Address 31 Railroad Ave</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Letterhead Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5371</p> <p>Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2063.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2880.95

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jeff Buley <hr/> Mailing Address 79 Columbia St <hr/> City Albany State NY Zip Code 12210 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5457 Date of Disbursement 07 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 12500.00
B.	Full Name (Last, First, Middle Initial) Peter Burgos <hr/> Mailing Address 25 Cottonwood Rd <hr/> City Port Washington State NY Zip Code 11050 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5221 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 243.75
C.	Full Name (Last, First, Middle Initial) Christina Byrd <hr/> Mailing Address 660 Richmond Rd <hr/> City Staten Island State NY Zip Code 10304 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5204 Date of Disbursement 08 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

13043.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christina Byrd</p> <p>Mailing Address 660 Richmond Rd</p> <p>City Staten Island State NY Zip Code 10304</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5205</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 420.00</p>
<p>B. Full Name (Last, First, Middle Initial) Christina Byrd</p> <p>Mailing Address 660 Richmond Rd</p> <p>City Staten Island State NY Zip Code 10304</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5206</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 465.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cablevision</p> <p>Mailing Address PO Box 371378</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Cable, Internet, Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5464</p> <p>Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 428.46</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1313.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Cablevision

Transaction ID: SB17.5463
Date of Disbursement

Mailing Address PO Box 371378

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

City Pittsburgh State PA Zip Code 15250

Amount of Each Disbursement this Period

485.10

Purpose of Disbursement
Cable, Internet, Phones

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Campaign Tel Ltd.

Transaction ID: SB17.5188
Date of Disbursement

Mailing Address 15 East 74th Street

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

City New York State NY Zip Code 10021

Amount of Each Disbursement this Period

6500.00

Purpose of Disbursement
Voter Outreach Phone Call

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Kristin Chase

Transaction ID: SB17.5357
Date of Disbursement

Mailing Address 21 Joludow Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Massapequa Pk State NY Zip Code 11762

Amount of Each Disbursement this Period

483.00

Purpose of Disbursement
Canvasser

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7468.10

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Kristin Chase

Transaction ID: SB17.5358
Date of Disbursement

Mailing Address 21 Joludow Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Massapequa Pk NY 11762

Amount of Each Disbursement this Period

1084.50

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Theodore Chiarenza

Transaction ID: SB17.5443
Date of Disbursement

Mailing Address 28 Mayfield Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City State Zip Code
Mastic Beach NY 11951

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Theodore Chiarenza

Transaction ID: SB17.5444
Date of Disbursement

Mailing Address 28 Mayfield Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Mastic Beach NY 11951

Amount of Each Disbursement this Period

207.50

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1517.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
CMDI

Transaction ID: SB17.5472
Date of Disbursement

Mailing Address 7704 Leesburg Pike

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City Falls Church State VA Zip Code 22043

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Reporting Software

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CMDI

Transaction ID: SB17.5473
Date of Disbursement

Mailing Address 7704 Leesburg Pike

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

City Falls Church State VA Zip Code 22043

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Reporting Software

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CMDI

Transaction ID: SB17.5474
Date of Disbursement

Mailing Address 7704 Leesburg Pike

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City Falls Church State VA Zip Code 22043

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Reporting Software

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Conant Communications

Transaction ID: SB17.5469
Date of Disbursement

Mailing Address 1813 Biltmore St NW

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

City Washington State DC Zip Code 20009

Amount of Each Disbursement this Period

Purpose of Disbursement
Media Training

Category/ Type

750.00

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
Richard L Core

Transaction ID: SB17.5264
Date of Disbursement

Mailing Address 148 Princeton St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Hempstead State NY Zip Code 11550

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

Category/ Type

322.50

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
Jim Corrigan

Transaction ID: SB17.5393
Date of Disbursement

Mailing Address PO Box 1268

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

City Selden State NY Zip Code 11784

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

Category/ Type

243.75

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

1316.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jim Corrigan <hr/> Mailing Address PO Box 1268 <hr/> City Selden State NY Zip Code 11784 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5394 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 280.00
B.	Full Name (Last, First, Middle Initial) Data Tech Solutions <hr/> Mailing Address 200 McCormick Dr. <hr/> City Bohemia State NY Zip Code 11716 <hr/> Purpose of Disbursement Letterhead, Business Cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5296 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1172.72
C.	Full Name (Last, First, Middle Initial) Adina Davis <hr/> Mailing Address 19 Belmont Ave <hr/> City Elmont State NY Zip Code 11003 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5214 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 857.50

SUBTOTAL of Disbursements This Page (optional) ► 2310.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Adina Davis Mailing Address 19 Belmont Ave City Elmont State NY Zip Code 11003 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5215 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 526.03 Category/Type
B.	Full Name (Last, First, Middle Initial) Adina Davis Mailing Address 19 Belmont Ave City Elmont State NY Zip Code 11003 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5216 Date of Disbursement 08 / 13 / 2010 Amount of Each Disbursement this Period 1045.15 Category/Type
C.	Full Name (Last, First, Middle Initial) Andre Davis Mailing Address 19 Belmont Ave City Elmont State NY Zip Code 11003 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5218 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 345.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1916.18
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Andre Davis</p> <p>Mailing Address 19 Belmont Ave</p> <p>City Elmont State NY Zip Code 11003</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5219</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 408.00</p>
<p>B. Full Name (Last, First, Middle Initial) Elizabeth DeBold</p> <p>Mailing Address 177 Nassau Blvd</p> <p>City Garden City State NY Zip Code 11530</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5253</p> <p>Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>C. Full Name (Last, First, Middle Initial) Elizabeth DeBold</p> <p>Mailing Address 177 Nassau Blvd</p> <p>City Garden City State NY Zip Code 11530</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5254</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1208.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Elizabeth DeBold Mailing Address 177 Nassau Blvd City Garden City State NY Zip Code 11530 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5255 Date of Disbursement 08 / 13 / 2010 Amount of Each Disbursement this Period 400.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Blvd. City Atlanta State GA Zip Code 30320 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5488 Date of Disbursement 07 / 19 / 2010 Amount of Each Disbursement this Period 674.40 Category/Type
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Blvd. City Atlanta State GA Zip Code 30320 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5489 Date of Disbursement 07 / 19 / 2010 Amount of Each Disbursement this Period 639.40 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1713.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Diaz Communications</p> <p>Mailing Address 9911 Oleander Avenue</p> <p>City Vienna State VA Zip Code 22181</p> <p>Purpose of Disbursement Communications Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5475</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 14000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Cheryl Diehl</p> <p>Mailing Address 155 Heathcote Rd</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5347</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1425.00</p>
<p>C. Full Name (Last, First, Middle Initial) Peter DiMiceli</p> <p>Mailing Address PO Box 1476</p> <p>City Lake Grove State NY Zip Code 11755</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5340</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 215.00</p>

SUBTOTAL of Disbursements This Page (optional)	15640.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Eric Ding Mailing Address 310 3rd Ave #1005 City New York State NY Zip Code 10010 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5183 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Direct Response Strategies Mailing Address 4025 Ellicott Street City Alexandria State VA Zip Code 22304 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5477 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 10306.63
C.	Full Name (Last, First, Middle Initial) Direct Response Strategies Mailing Address 4025 Ellicott Street City Alexandria State VA Zip Code 22304 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5478 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 5264.55

SUBTOTAL of Disbursements This Page (optional)	16071.18
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Boaz Druyan</p> <p>Mailing Address 4 Milne Pl</p> <p>City Plainview State NY Zip Code 11803</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5430</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 220.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5348</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5349</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3057.62

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5350</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p>
<p>B. Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5351</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p>
<p>C. Full Name (Last, First, Middle Initial) Brooke Emery</p> <p>Mailing Address 112 Narragansett Villas Drive</p> <p>City Lindenhurst State NY Zip Code 11757</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5352</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 378.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3215.83

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Susan Ervin

Transaction ID: SB17.5257
Date of Disbursement

Mailing Address 59 Southfield Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Glen Cove NY 11542

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

442.50

Candidate Name

Category/
Type

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Lizandro Espinal

Transaction ID: SB17.5354
Date of Disbursement

Mailing Address 95 Harrington Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City State Zip Code
Linden Hurst NY 11757

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

495.00

Candidate Name

Category/
Type

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Lizandro Espinal

Transaction ID: SB17.5355
Date of Disbursement

Mailing Address 95 Harrington Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Linden Hurst NY 11757

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

335.00

Candidate Name

Category/
Type

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1272.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) FEC Financial, Inc.</p> <p>Mailing Address PO Box 651374</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5471</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3200.00"/></p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 680 Walt Whitman Rd.</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="430.16"/></p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 680 Walt Whitman Rd.</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="257.66"/></p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3887.82

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Julieann Ferrigno <hr/> Mailing Address 48 Butler St <hr/> City Westbury State NY Zip Code 11590 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5285 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 365.00
B.	Full Name (Last, First, Middle Initial) Mary Ann Finchum <hr/> Mailing Address 10 Gettysburg Dr <hr/> City Holbrook State NY Zip Code 11741 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5316 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 276.00
C.	Full Name (Last, First, Middle Initial) Mary Ann Finchum <hr/> Mailing Address 10 Gettysburg Dr <hr/> City Holbrook State NY Zip Code 11741 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5317 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 285.25

SUBTOTAL of Disbursements This Page (optional) ▶	926.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Geraldine Fortunato

Transaction ID: SB17.5319
Date of Disbursement

Mailing Address 819 Spruce Dr

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

City Holbrook State NY Zip Code 11741

Amount of Each Disbursement this Period

738.50

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Joshua Frazier

Transaction ID: SB17.5266
Date of Disbursement

Mailing Address 451 Fulton Ave
Apt 642

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

City Hempstead State NY Zip Code 11550

Amount of Each Disbursement this Period

397.50

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Joshua Frazier

Transaction ID: SB17.5267
Date of Disbursement

Mailing Address 451 Fulton Ave
Apt 642

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Hempstead State NY Zip Code 11550

Amount of Each Disbursement this Period

487.50

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1623.50

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Barbara Gentile

Transaction ID: SB17.5333
Date of Disbursement

Mailing Address 209 Towne Hous Village

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

City Islandia State NY Zip Code 11749

Amount of Each Disbursement this Period

360.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Marie Gitlin

Transaction ID: SB17.5342
Date of Disbursement

Mailing Address 122 Maytime Dr

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

City Jericho State NY Zip Code 11755

Amount of Each Disbursement this Period

256.25

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Marie Gitlin

Transaction ID: SB17.5343
Date of Disbursement

Mailing Address 122 Maytime Dr

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

City Jericho State NY Zip Code 11755

Amount of Each Disbursement this Period

245.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

861.25

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Steven Goldfarb

Transaction ID: SB17.5325
Date of Disbursement

Mailing Address 54 Fox Ln

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

City Dix Hills State NY Zip Code 11746

Amount of Each Disbursement this Period

315.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

[MEMO ITEM]

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

State: District:

B.

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

Transaction ID: SB17.5511
Date of Disbursement

Mailing Address 1600 Amphitheatre Parkway

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

City Mountain View State CA Zip Code 94043

Amount of Each Disbursement this Period

214.93

Purpose of Disbursement
Online Advertising

Category/ Type

Candidate Name

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

State: District:

C.

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

Transaction ID: SB17.5512
Date of Disbursement

Mailing Address 1600 Amphitheatre Parkway

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

City Mountain View State CA Zip Code 94043

Amount of Each Disbursement this Period

353.66

Purpose of Disbursement
Online Advertising

Category/ Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

568.59

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Google.com</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5513</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="523.51"/></p>
<p>B. Full Name (Last, First, Middle Initial) Google.com</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5514</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="532.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Google.com</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5515</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="542.19"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1597.70"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Nicole L Grant <hr/> Mailing Address 451 Fulten Ave Apt 642 <hr/> City Hempstead State NY Zip Code 11550 <hr/> Purpose of Disbursement Canvasser <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5269 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 397.50
B.	Full Name (Last, First, Middle Initial) Nicole L Grant <hr/> Mailing Address 451 Fulten Ave Apt 642 <hr/> City Hempstead State NY Zip Code 11550 <hr/> Purpose of Disbursement Canvasser <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5270 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 487.50
C.	Full Name (Last, First, Middle Initial) Frquiert Gustinvic <hr/> Mailing Address 1096 Spur Dr S <hr/> City Bay Shore State NY Zip Code 11706 <hr/> Purpose of Disbursement Canvasser <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5290 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 385.00

SUBTOTAL of Disbursements This Page (optional)	1270.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mark Gustinvil <hr/> Mailing Address 1096 Spur Dr S <hr/> City Bay Shore State NY Zip Code 11706 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5292 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 632.50
B.	Full Name (Last, First, Middle Initial) Mark Gustinvil <hr/> Mailing Address 1096 Spur Dr S <hr/> City Bay Shore State NY Zip Code 11706 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5293 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Tamsin Hamilton <hr/> Mailing Address 243-31 151 Road <hr/> City Rosedale State NY Zip Code 11422 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5248 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 652.50

SUBTOTAL of Disbursements This Page (optional) ▶

1535.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Tamsin Hamilton

Transaction ID: SB17.5249
Date of Disbursement

Mailing Address 243-31 151 Road

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	0

City State Zip Code
Rosedale NY 11422

Amount of Each Disbursement this Period

333.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Sophia Harris

Transaction ID: SB17.5208
Date of Disbursement

Mailing Address 590 Richmond Rd
Apt 3

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Staten Island NY 10304

Amount of Each Disbursement this Period

480.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Nicole Headley

Transaction ID: SB17.5272
Date of Disbursement

Mailing Address 104 Florence Ave

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

City State Zip Code
Hempstead NY 11550

Amount of Each Disbursement this Period

210.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

1023.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5372</p> <p>Date of Disbursement MM / DD / YYYY 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5373</p> <p>Date of Disbursement MM / DD / YYYY 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 420.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5374</p> <p>Date of Disbursement MM / DD / YYYY 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1320.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5375</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p>B. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5376</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 520.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Prepaid Fuel Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5377</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 520.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1360.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Kathy Huang Mailing Address 139-09 28 Rd 4C City Flushing State NY Zip Code 11354 Purpose of Disbursement Administrative Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5233 Date of Disbursement 08 / 08 / 2010 Amount of Each Disbursement this Period 5000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) JNJ Processing Mailing Address 230 Park Ave City Williston Park State NY Zip Code 11596 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5287 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period 400.00 Category/Type
C.	Full Name (Last, First, Middle Initial) JNJ Processing Mailing Address 230 Park Ave City Williston Park State NY Zip Code 11596 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5288 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 260.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

5660.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Dov Kalton</p> <p>Mailing Address 147-30 76th Rd</p> <p>City Flushing State NY Zip Code 11307</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5231</p> <p>Date of Disbursement 08 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 345.00</p>
<p>B. Full Name (Last, First, Middle Initial) Henry Kee</p> <p>Mailing Address 42-24 Colden St</p> <p>City Flushing State NY Zip Code 11355</p> <p>Purpose of Disbursement Software Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5235</p> <p>Date of Disbursement 08 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Rahmik Lacoste</p> <p>Mailing Address 865 Broadway Ave</p> <p>City Holbrook State NY Zip Code 11722</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5299</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 294.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8139.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David Laska Mailing Address 26 Cob Drive City Westport State CT Zip Code 06880 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5163 Date of Disbursement 07 / 10 / 2010 Amount of Each Disbursement this Period 854.10 Category/Type
B.	Full Name (Last, First, Middle Initial) David Laska Mailing Address 26 Cob Drive City Westport State CT Zip Code 06880 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5164 Date of Disbursement 07 / 15 / 2010 Amount of Each Disbursement this Period 854.10 Category/Type
C.	Full Name (Last, First, Middle Initial) David Laska Mailing Address 26 Cob Drive City Westport State CT Zip Code 06880 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5165 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 854.10 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2562.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David Laska Mailing Address 26 Cob Drive City Westport State CT Zip Code 06880 Purpose of Disbursement Payroll - Assistant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5166 Date of Disbursement 08 / 13 / 2010 Amount of Each Disbursement this Period 854.10 Category/ Type
B.	Full Name (Last, First, Middle Initial) Joseph Lavin Mailing Address 1732 Princeton Dr W City Wantagh State NY Zip Code 11793 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5414 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 345.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jean Lawry Mailing Address PO Box 1330 City Southampton State NY Zip Code 11969 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5453 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 901.43 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2100.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jean Leonidas</p> <p>Mailing Address 54 17th St Apt A11</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5335</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 487.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jean Leonidas</p> <p>Mailing Address 54 17th St Apt A11</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5336</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 315.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Michael Levoff</p> <p>Mailing Address 101 West 24th St.</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Payroll - Communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5184</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2444.23</p>

SUBTOTAL of Disbursements This Page (optional) ►

3246.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Michael Levoff

Transaction ID: SB17.5185
Date of Disbursement

Mailing Address 101 West 24th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	0

City State Zip Code
New York NY 10011

Amount of Each Disbursement this Period

2098.96

Purpose of Disbursement
Payroll - Communications

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.5426
Date of Disbursement

Mailing Address PO Box 888

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	0

City State Zip Code
Hicksville NY 11802

Amount of Each Disbursement this Period

244.72

Purpose of Disbursement
Utility Payment

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.5427
Date of Disbursement

Mailing Address PO Box 888

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

City State Zip Code
Hicksville NY 11802

Amount of Each Disbursement this Period

1020.00

Purpose of Disbursement
Utility Payment

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3363.68

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

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

Transaction ID: SB17.5428
Date of Disbursement

Mailing Address PO Box 888

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

City State Zip Code
Hicksville NY 11802

Amount of Each Disbursement this Period

208.02

Purpose of Disbursement
Utility Payment

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Rahmik Lucoste

Transaction ID: SB17.5321
Date of Disbursement

Mailing Address 865 Broad Hay Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Holbrook NY 11741

Amount of Each Disbursement this Period

846.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Maple Tree

Transaction ID: SB17.5435
Date of Disbursement

Mailing Address 840 West Main St

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

City State Zip Code
Riverhead NY 11901

Amount of Each Disbursement this Period

684.33

Purpose of Disbursement
Event Catering

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1738.35

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Aaron Maslow <hr/> Mailing Address 1761 Stuart St <hr/> City Brooklyn State NY Zip Code 11229 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5227 Date of Disbursement 08 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 2750.00
B.	Full Name (Last, First, Middle Initial) Julio Mathiew <hr/> Mailing Address 2703 W 37th St <hr/> City Brooklyn State NY Zip Code 11224 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5225 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 350.00
C.	Full Name (Last, First, Middle Initial) Tabitha Miles <hr/> Mailing Address 1st Teller Ave <hr/> City Coram State NY Zip Code 11727 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5311 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 351.25

SUBTOTAL of Disbursements This Page (optional) ▶	3451.25
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Wendy Mison</p> <p>Mailing Address 34 Muncey Rd</p> <p>City Bayshore State NY Zip Code 11706</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5295</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3575.00</p>
<p>B. Full Name (Last, First, Middle Initial) Newsday Advertising</p> <p>Mailing Address 235 Pinelawn Rd</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Newspaper Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5329</p> <p>Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1155.60</p>
<p>C. Full Name (Last, First, Middle Initial) Newsday Advertising</p> <p>Mailing Address 235 Pinelawn Rd</p> <p>City Melville State NY Zip Code 11747</p> <p>Purpose of Disbursement Newspaper Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5330</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1943.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6673.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Newsday Advertising <hr/> Mailing Address 235 Pinelawn Rd <hr/> City Melville State NY Zip Code 11747 <hr/> Purpose of Disbursement Newspaper Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5331 Date of Disbursement 08 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 665.00
B.	Full Name (Last, First, Middle Initial) Karen Norden <hr/> Mailing Address 107 Westbury Ave Apt 169 <hr/> City Copiaque State NY Zip Code 11726 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5307 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 225.00
C.	Full Name (Last, First, Middle Initial) NY State Dept of Taxation <hr/> Mailing Address P O Box 4127 <hr/> City Binghamton State NY Zip Code 13902 <hr/> Purpose of Disbursement Tax Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5459 Date of Disbursement 08 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 225.94

SUBTOTAL of Disbursements This Page (optional) ▶

1115.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NY State Employment Mailing Address PO Box 4119 City Binghamton State NY Zip Code 13902 Purpose of Disbursement Tax Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5460 Date of Disbursement 08 / 01 / 2010 Amount of Each Disbursement this Period 3609.73 Category/Type
B.	Full Name (Last, First, Middle Initial) NY State Insurance Fund Mailing Address 199 Church Street City New York State NY Zip Code 10007 Purpose of Disbursement Tax Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5176 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 652.50 Category/Type
C.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1700 West Main St City Riverhead State NY Zip Code 11901 Purpose of Disbursement Computer Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5437 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 417.12 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4679.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Ohio Political Network</p> <p>Mailing Address PO Box 21383</p> <p>City Columbus State OH Zip Code 43221</p> <p>Purpose of Disbursement VOIP Technology</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5498</p> <p>Date of Disbursement MM / DD / YYYY 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 11235.36</p>
<p>B. Full Name (Last, First, Middle Initial) Daniel Pagano</p> <p>Mailing Address 2649 Strang Blvd</p> <p>City Yorktown Heights State NY Zip Code 10598</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5210</p> <p>Date of Disbursement MM / DD / YYYY 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Daniel Pagano</p> <p>Mailing Address 2649 Strang Blvd</p> <p>City Yorktown Heights State NY Zip Code 10598</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5211</p> <p>Date of Disbursement MM / DD / YYYY 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23735.36

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Daniel Pagano</p> <p>Mailing Address 2649 Strang Blvd</p> <p>City Yorktown Heights State NY Zip Code 10598</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5212</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 12500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Thomas Palomberì</p> <p>Mailing Address 13 Dogwood Ct</p> <p>City Selden State NY Zip Code 11786</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5398</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 225.00</p>
<p>C. Full Name (Last, First, Middle Initial) Thomas Palomberì</p> <p>Mailing Address 13 Dogwood Ct</p> <p>City Selden State NY Zip Code 11786</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5399</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional)	13025.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Vito Parisi</p> <p>Mailing Address 446 Riviera Dr</p> <p>City Mastic Beach State NY Zip Code 11951</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5446</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 345.00</p>
<p>B. Full Name (Last, First, Middle Initial) Patriot Signage, Inc.</p> <p>Mailing Address 8740 Twin Oaks Road</p> <p>City Sardinia State OH Zip Code 45171</p> <p>Purpose of Disbursement Yard Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5499</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 3050.00</p>
<p>C. Full Name (Last, First, Middle Initial) Patriot Signage, Inc.</p> <p>Mailing Address 8740 Twin Oaks Road</p> <p>City Sardinia State OH Zip Code 45171</p> <p>Purpose of Disbursement Posters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5500</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 3044.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6439.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2065 Hamilton Ave</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5518 Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 532.47</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2065 Hamilton Ave</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5516 Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 285.08</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2065 Hamilton Ave</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5519 Date of Disbursement 08 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 483.58</p>

SUBTOTAL of Disbursements This Page (optional) ▶

768.66

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: SB17.5517 Date of Disbursement 08 / 25 / 2010
	Mailing Address 2065 Hamilton Ave	Amount of Each Disbursement this Period 441.09
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marcus Phillips	Transaction ID: SB17.5274 Date of Disbursement 08 / 03 / 2010
	Mailing Address 85 Pierson Ave	Amount of Each Disbursement this Period 232.50
	City Hempstead State NY Zip Code 11550	
	Purpose of Disbursement Canvasser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marcus Phillips	Transaction ID: SB17.5275 Date of Disbursement 08 / 09 / 2010
	Mailing Address 85 Pierson Ave	Amount of Each Disbursement this Period 465.00
	City Hempstead State NY Zip Code 11550	
	Purpose of Disbursement Canvasser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1138.59
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Preferred Communications Mailing Address 815 King St City Alexandria State VA Zip Code 22314 Purpose of Disbursement Mail List Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5480 Date of Disbursement 07 / 13 / 2010 Amount of Each Disbursement this Period 3273.56 Category/Type
B.	Full Name (Last, First, Middle Initial) Jeffrey Pressman Mailing Address 232 Aspen Ct City Wantagh State NY Zip Code 11783 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5389 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 325.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Kevin Prestiq Mailing Address 60 Champlain St City Port Jefferson Sta State NY Zip Code 11776 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5363 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 240.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3838.56

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Alexandria Rappaport

Transaction ID: SB17.5229
Date of Disbursement

Mailing Address 22 Daffodil Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Farmingdale State NY Zip Code 11235

Amount of Each Disbursement this Period

240.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Herman Robinson

Transaction ID: SB17.5303
Date of Disbursement

Mailing Address 19 Chestnut St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City Central Islip State NY Zip Code 11723

Amount of Each Disbursement this Period

420.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Roy Robinson

Transaction ID: SB17.5301
Date of Disbursement

Mailing Address 19 Chestnut St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Central Islip State NY Zip Code 11722

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lawrence Roxbury

Transaction ID: SB17.5391
Date of Disbursement

Mailing Address 1174 Day St

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

City State Zip Code
Seaford NY 11783

Amount of Each Disbursement this Period

375.00

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mary Ellen Ryan

Transaction ID: SB17.5281
Date of Disbursement

Mailing Address 115 Fonda Rd

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

City State Zip Code
Rockville Centre NY 11570

Amount of Each Disbursement this Period

681.25

Purpose of Disbursement
Canvasser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Patrick Sadler

Transaction ID: SB17.5157
Date of Disbursement

Mailing Address 247 8th St

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

City State Zip Code
Elmont NY 01103

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll - Assistant

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2306.25

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Marshall Salter

Transaction ID: SB17.5476
Date of Disbursement

Mailing Address 308 West Myrtle Street

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

City State Zip Code
Alexandria VA 22301

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Strategic / Political Consulting

Category/ Type

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Donna Schumann

Transaction ID: SB17.5338
Date of Disbursement

Mailing Address 14 Russett Ct

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City State Zip Code
Kings Park NY 11754

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Ronald M Schuster

Transaction ID: SB17.5309
Date of Disbursement

Mailing Address 276 Deauville Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City State Zip Code
Copiague NY 11726

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Canvasser

Category/ Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

5525.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Donald Seus <hr/> Mailing Address 50 Champlin St <hr/> City Lk Ronkonkoma State NY Zip Code 11779 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5368 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 527.50
B.	Full Name (Last, First, Middle Initial) Donald Seus <hr/> Mailing Address 50 Champlin St <hr/> City Lk Ronkonkoma State NY Zip Code 11779 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5369 Date of Disbursement 08 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 497.50
C.	Full Name (Last, First, Middle Initial) Jessica Seyer <hr/> Mailing Address 1511 Jenkins St <hr/> City North Merrick State NY Zip Code 11566 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5279 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

1325.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 129

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Chris Shanik

Transaction ID: SB17.5441
Date of Disbursement

Mailing Address 20 Foxcroft St

/ /

City State Zip Code
Manor Park NY 11950

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Emmanuel Sie-Duke

Transaction ID: SB17.5251
Date of Disbursement

Mailing Address 178-39 136th Ave

/ /

City State Zip Code
Springfield Garden NY 11434

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Allen Smith

Transaction ID: SB17.5192
Date of Disbursement

Mailing Address 50 Riverside Dr
Apt 4A

/ /

City State Zip Code
New York NY 10024

Amount of Each Disbursement this Period

Purpose of Disbursement
Canvasser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 129

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Allen Smith	Transaction ID: SB17.5193 Date of Disbursement 07 / 22 / 2010
	Mailing Address 50 Riverside Dr Apt 4A	Amount of Each Disbursement this Period 280.00
	City New York State NY Zip Code 10024	
	Purpose of Disbursement Canvasser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Smithtown News	Transaction ID: SB17.5405 Date of Disbursement 08 / 02 / 2010
	Mailing Address 1 Brookside Dr	Amount of Each Disbursement this Period 381.00
	City Smithtown State NY Zip Code 11787	
	Purpose of Disbursement Newspaper Advertising	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Smithtown News	Transaction ID: SB17.5406 Date of Disbursement 08 / 04 / 2010
	Mailing Address 1 Brookside Dr	Amount of Each Disbursement this Period 381.00
	City Smithtown State NY Zip Code 11787	
	Purpose of Disbursement Newspaper Advertising	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1042.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SRCP Media <hr/> Mailing Address 201 N Union St, Ste 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5482 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 29407.00
B.	Full Name (Last, First, Middle Initial) SRCP Media <hr/> Mailing Address 201 N Union St, Ste 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5483 Date of Disbursement 08 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 42060.00
C.	Full Name (Last, First, Middle Initial) SRCP Media <hr/> Mailing Address 201 N Union St, Ste 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Media Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5484 Date of Disbursement 08 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 58282.00

SUBTOTAL of Disbursements This Page (optional) ▶

129749.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 40 Loehmanns Plaza</p> <p>City Lake Grove State NY Zip Code 11755</p> <p>Purpose of Disbursement Labels, Name Tags, Paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5409</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 873.91</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 40 Loehmanns Plaza</p> <p>City Lake Grove State NY Zip Code 11755</p> <p>Purpose of Disbursement Computer Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5410</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1319.79</p>
<p>C. Full Name (Last, First, Middle Initial) James Staudenraus</p> <p>Mailing Address PO Box 610</p> <p>City Shirley State NY Zip Code 11967</p> <p>Purpose of Disbursement Media Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5451</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 8000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10193.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
James Staudenraus

Transaction ID: SB17.5450
Date of Disbursement

Mailing Address PO Box 610

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City Shirley State NY Zip Code 11967

Amount of Each Disbursement this Period

Purpose of Disbursement
Media Consultant

--

4215.86

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Jerry Steiner

Transaction ID: SB17.5432
Date of Disbursement

Mailing Address 20 West Main St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

City Riverhead State NY Zip Code 11901

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Rent

--

1200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Jerry Steiner

Transaction ID: SB17.5433
Date of Disbursement

Mailing Address 20 West Main St

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

City Riverhead State NY Zip Code 11901

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Rent

--

1200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6615.86

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Strategic Planning Systems Inc. Mailing Address 150 Knickerbocker Ave City Bohemia State NY Zip Code 11716 Purpose of Disbursement Telemarketing List Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5297 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 530.00
B.	Full Name (Last, First, Middle Initial) Suffolk County BOE Mailing Address PO Box 700 City Yaphank State NY Zip Code 11980 Purpose of Disbursement Voter Lists Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5454 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 305.00
C.	Full Name (Last, First, Middle Initial) Suffolk County BOE Mailing Address PO Box 700 City Yaphank State NY Zip Code 11980 Purpose of Disbursement Voter Lists Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5455 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 305.00

SUBTOTAL of Disbursements This Page (optional) ▶

1140.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Teese & Associates, Inc Mailing Address PO Box 474 City St James State NY Zip Code 11780 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5384 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 3000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Teese & Associates, Inc Mailing Address PO Box 474 City St James State NY Zip Code 11780 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5385 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 3476.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Teese & Associates, Inc Mailing Address PO Box 474 City St James State NY Zip Code 11780 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5386 Date of Disbursement 08 / 13 / 2010 Amount of Each Disbursement this Period 3500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

9976.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Teese & Associates, Inc

Transaction ID: SB17.5387
Date of Disbursement

Mailing Address PO Box 474

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

City State Zip Code
St James NY 11780

Amount of Each Disbursement this Period

2869.68

Purpose of Disbursement

Direct Mail

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
TGI Fridays

Transaction ID: SB17.5345
Date of Disbursement

Mailing Address 3535 Hempstead Tpke # 1

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

City State Zip Code
Levittown NY 11756

Amount of Each Disbursement this Period

394.98

Purpose of Disbursement

Food and Beverage

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
The Suffolk Times

Transaction ID: SB17.5448
Date of Disbursement

Mailing Address PO Box 1500

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

City State Zip Code
Mattituck NY 11952

Amount of Each Disbursement this Period

2086.00

Purpose of Disbursement

Newspaper Advertising

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5350.66

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Tarrance Group

Transaction ID: SB17.5487
Date of Disbursement

Mailing Address 201 N Union

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

11417.00

Purpose of Disbursement
Polling

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
The Traz Group

Transaction ID: SB17.5169
Date of Disbursement

Mailing Address 26 S Maple Ave

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

City State Zip Code
Marlton NJ 08053

Amount of Each Disbursement this Period

17700.00

Purpose of Disbursement
Strategic/Political Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
The Traz Group

Transaction ID: SB17.5170
Date of Disbursement

Mailing Address 26 S Maple Ave

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

City State Zip Code
Marlton NJ 08053

Amount of Each Disbursement this Period

22310.00

Purpose of Disbursement
Strategic/Political Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

51427.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Traz Group Mailing Address 26 S Maple Ave City Marlton State NJ Zip Code 08053 Purpose of Disbursement Strategic/Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5171 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 18000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) The Traz Group Mailing Address 26 S Maple Ave City Marlton State NJ Zip Code 08053 Purpose of Disbursement Strategic/Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5172 Date of Disbursement 08 / 19 / 2010 Amount of Each Disbursement this Period 16600.00 Category/Type
C.	Full Name (Last, First, Middle Initial) The Traz Group Mailing Address 26 S Maple Ave City Marlton State NJ Zip Code 08053 Purpose of Disbursement Strategic/Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5173 Date of Disbursement 08 / 24 / 2010 Amount of Each Disbursement this Period 16600.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

51200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Traz Group Mailing Address 26 S Maple Ave City Marlton State NJ Zip Code 08053 Purpose of Disbursement Strategic/Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5174 Date of Disbursement 08 / 25 / 2010 Amount of Each Disbursement this Period 28020.00 Category/Type
B.	Full Name (Last, First, Middle Initial) The Village Times Mailing Address PO Box 707 City Setauket State NY Zip Code 11733 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5313 Date of Disbursement 07 / 29 / 2010 Amount of Each Disbursement this Period 341.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Steven Thomas Mailing Address 372 Granny Rd City Medford State NY Zip Code 11763 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5360 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 570.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	28931.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Steven Thomas Mailing Address 372 Granny Rd City Medford State NY Zip Code 11763 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5361 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 465.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Gerardo Tirado Mailing Address Chapin K 2162C City Stony Brook State NY Zip Code 11790 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5412 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 307.50 Category/ Type
C.	Full Name (Last, First, Middle Initial) United States Treasury Mailing Address PO Box 804522 City Cincinnati State OH Zip Code 45280 Purpose of Disbursement Tax Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5501 Date of Disbursement 08 / 01 / 2010 Amount of Each Disbursement this Period 18196.30 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

18968.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address 25 Route 111 City Smithtown State NY Zip Code 11787 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5494 Date of Disbursement 07 / 16 / 2010 Amount of Each Disbursement this Period 2060.69 Category/Type
B.	Full Name (Last, First, Middle Initial) USPS Mailing Address 25 Route 111 City Smithtown State NY Zip Code 11787 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5495 Date of Disbursement 07 / 22 / 2010 Amount of Each Disbursement this Period 2260.69 Category/Type
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address 25 Route 111 City Smithtown State NY Zip Code 11787 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5496 Date of Disbursement 08 / 05 / 2010 Amount of Each Disbursement this Period 230.60 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4551.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 25 Route 111</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5497</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 880.00</p>
<p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 20 Alexander Drive</p> <p>City Wallingford State CT Zip Code 06492</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5162</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2463.11</p>
<p>C. Full Name (Last, First, Middle Initial) Kerrilynn Villafane</p> <p>Mailing Address 545 N Country Rd</p> <p>City Saint James State NY Zip Code 11780</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5379</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 993.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4336.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Alix Walker	Transaction ID: SB17.5160 Date of Disbursement 08 / 01 / 2010
	Mailing Address 462 Green Hill Rd	Amount of Each Disbursement this Period 600.00
	City Madison State CT Zip Code 06443	
	Purpose of Disbursement Payroll - Assistant	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alix Walker	Transaction ID: SB17.5161 Date of Disbursement 08 / 13 / 2010
	Mailing Address 462 Green Hill Rd	Amount of Each Disbursement this Period 684.54
	City Madison State CT Zip Code 06443	
	Purpose of Disbursement Payroll - Assistant	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Erin Walters	Transaction ID: SB17.5381 Date of Disbursement 08 / 09 / 2010
	Mailing Address 18 Stony Brook Ln	Amount of Each Disbursement this Period 259.50
	City St James State NY Zip Code 11780	
	Purpose of Disbursement Canasser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1544.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Erin Walters</p> <p>Mailing Address 18 Stony Brook Ln</p> <p>City St James State NY Zip Code 11780</p> <p>Purpose of Disbursement Canasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5382</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 261.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jeremy Weinstein</p> <p>Mailing Address 151-33 22nd Ave</p> <p>City White Stone State NY Zip Code 11357</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5237</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 412.50</p>
<p>C. Full Name (Last, First, Middle Initial) Jeremy Weinstein</p> <p>Mailing Address 151-33 22nd Ave</p> <p>City White Stone State NY Zip Code 11357</p> <p>Purpose of Disbursement Canvasser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5238</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 625.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1298.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jeremy Weinstein Mailing Address 151-33 22nd Ave City White Stone State NY Zip Code 11357 Purpose of Disbursement Canvasser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5239 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 900.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement Payroll - Campaign Manager Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5196 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 2117.02 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement Payroll - Campaign Manager Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5197 Date of Disbursement 07 / 14 / 2010 Amount of Each Disbursement this Period 2117.02 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5134.04

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5200 Date of Disbursement 07 / 17 / 2010 Amount of Each Disbursement this Period 189.72 Category/Type
B.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement Payroll - Campaign Manager Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5198 Date of Disbursement 07 / 27 / 2010 Amount of Each Disbursement this Period 2117.02 Category/Type
C.	Full Name (Last, First, Middle Initial) Bradley White Mailing Address 325 East 92nd St City New York State NY Zip Code 10128 Purpose of Disbursement Payroll - Campaign Manager Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5199 Date of Disbursement 08 / 10 / 2010 Amount of Each Disbursement this Period 2117.02 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4423.76
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Bradley White <hr/> Mailing Address 325 East 92nd St <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5201 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Bradley White <hr/> Mailing Address 325 East 92nd St <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5202 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 603.80
C.	Full Name (Last, First, Middle Initial) Mary Williamson <hr/> Mailing Address 19142 East Euclid Drive <hr/> City Centennial State CO Zip Code 80016 <hr/> Purpose of Disbursement Payroll - Assistant Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5506 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 359.49

SUBTOTAL of Disbursements This Page (optional) ▶

1163.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mary Williamson	Transaction ID: SB17.5507 Date of Disbursement 07 / 15 / 2010
	Mailing Address 19142 East Euclid Drive	Amount of Each Disbursement this Period 359.49
	City Centennial State CO Zip Code 80016	
	Purpose of Disbursement Payroll - Assistant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mary Williamson	Transaction ID: SB17.5508 Date of Disbursement 07 / 22 / 2010
	Mailing Address 19142 East Euclid Drive	Amount of Each Disbursement this Period 518.14
	City Centennial State CO Zip Code 80016	
	Purpose of Disbursement Payroll - Assistant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mary Williamson	Transaction ID: SB17.5509 Date of Disbursement 08 / 02 / 2010
	Mailing Address 19142 East Euclid Drive	Amount of Each Disbursement this Period 359.49
	City Centennial State CO Zip Code 80016	
	Purpose of Disbursement Payroll - Assistant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1237.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mary Williamson	Transaction ID: SB17.5510 Date of Disbursement 08 / 13 / 2010
	Mailing Address 19142 East Euclid Drive	Amount of Each Disbursement this Period 359.53
	City Centennial State CO Zip Code 80016	
	Purpose of Disbursement Payroll - Assistant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Thomas P Wink	Transaction ID: SB17.5402 Date of Disbursement 08 / 16 / 2010
	Mailing Address 3 Lawrence Ave	Amount of Each Disbursement this Period 480.00
	City Smithtown State NY Zip Code 11787	
	Purpose of Disbursement Canvasser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

839.53

TOTAL This Period (last page this line number only)

652083.27

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Michelle Mosbacher	Transaction ID: SB20A.5505
	Mailing Address 2910 Lazy Lane	Date of Disbursement MM / DD / YYYY 08 / 25 / 2010
	City Houston State TX Zip Code 77019	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MR. ELLA RUFF	Transaction ID: SB20A.5458
	Mailing Address 529 RUFF RD.	Date of Disbursement MM / DD / YYYY 08 / 25 / 2010
	City MARGARETVILLE State NY Zip Code 12455-2218	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3300.00

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

3300.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 126 / 129
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

Transaction ID: SC/10.4531

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER N COX - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 100 SEAFIELD LANE	
City WESTHAMPTON BEACH State NY ZIP Code 11978	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2010	None	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	500000.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

(Current loan balance of 500000.00 has been forgiven)

Transaction ID : **SC/10.4531**

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
CHRIS COX FOR CONGRESS

Transaction ID: SC/10.5151

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 100 SEAFIELD LANE

City WESTHAMPTON BEACH State NY ZIP Code 11978

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

TERMS

Date Incurred: M M 06 D D 30 Y Y Y Y 2010
 Date Due: None
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	500000.00
TOTALS This Period (last page in this line only)	1000000.00

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

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

(Current loan balance of 500000.00 has been forgiven)

Transaction ID : **SC/10.5151**