

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Chris Cox for Congress

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

2. FEC IDENTIFICATION NUMBER C00474395 3. IS THIS REPORT NEW OR AMENDED STATE NY DISTRICT 01

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

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

5. Covering Period 08 26 2010 through 09 30 2010

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

Type or Print Name of Treasurer Mr. William Rothaar

Signature of Treasurer Electronically Filed by Mr. William Rothaar Date 10 15 2010

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

Office Use Only FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Chris Cox for Congress

Report Covering the Period: From: 

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	49731.50	591313.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49731.50	587813.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	385562.14	1663452.04
(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)).....	385562.14	1663452.04
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	144013.69	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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	8

D	D
2	6

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	46824.00	532338.00
(i) Itemized (use Schedule A).....	2907.50	38475.50
(ii) Unitemized.....	49731.50	570813.50
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	7500.00
(c) Other Political Committees (such as PACS).....	0.00	13000.00
(d) The Candidate.....	49731.50	591313.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	215000.00	1215000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	215000.00	1215000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	264731.50	1806313.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	385562.14	1663452.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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)).....	0.00	3500.00
21. OTHER DISBURSEMENTS.....	1000.00	1900.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>386562.14</b>	<b>1668852.04</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	265844.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	264731.50
25. SUBTOTAL (add Line 23 and Line 24).....	530575.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	386562.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	144013.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPHINE ABPLANALP		Date of Receipt
	Mailing Address 10 HEWITT AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City BRONXVILLE	State NY	Zip Code 10708-2329
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1860
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS CONTRIBUTION	
Election Cycle-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) ASHLEY ALTSCHULER		Date of Receipt
	Mailing Address 230 EAST 73RD STREET APT. 6CD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2010
	City NEW YORK	State NY	Zip Code 10021-4320
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1881
	Name of Employer WEIL, GOTSHAL & MANGES,LLP		Amount of Each Receipt this Period 250.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation ATTORNEY	
Election Cycle-to-Date ▼ 250.00		CONTRIBUTION	

<b>C.</b>	Full Name (Last, First, Middle Initial) YANNIS AMORYANOS		Date of Receipt
	Mailing Address 136 EAST 55TH ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2010
	City NEW YORK	State NY	Zip Code 10022-4517
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1914
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 250.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS CONTRIBUTION	
Election Cycle-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) SILAS R. ANTHONY JR.</p> <p>Mailing Address 444 E 82ND ST.</p> <p>City State Zip Code NEW YORK NY 10028-5903</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BREAM MURRAY CAVET STOCKBROKER</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1885</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>CONTRIBUTION</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN H. BARR</p> <p>Mailing Address 5150 E LA PALMA AVE #112</p> <p>City State Zip Code ANAHEIM CA 92807-2085</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1897</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>CONTRIBUTION</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) PAUL M. BELLISSIMO</p> <p>Mailing Address P.O. BOX 791</p> <p>City State Zip Code CALVERTON NY 11933-0791</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1830</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>CONTRIBUTION</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 7 / 84  
(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. DON BENDETTI

Mailing Address 523 EMERAL BAY

City State Zip Code  
LAGUNA BEACH CA 92651-1256

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

Name of Employer Occupation  
INDUSTRIAL DEVELOPMENT SELF EMPLOYED

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2010

Transaction ID: SA11.1933

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MARC N. BENHURI, D.M.D.

Mailing Address 29 WEST 57TH STREET  
SUITE 1200

City State Zip Code  
NEW YORK NY 10019-3406

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

Name of Employer Occupation  
THE BENHURI CENTER OF LAS- ER DENTISTRY DENTIST

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1875

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** 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  
M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.1815

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: (check only one)	PAGE 8 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD C. BREEDEN		Date of Receipt
	Mailing Address 435 ROUND HILL ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 14 / 2010
	City GREENWICH	State CT	Zip Code 06831-2618
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1929
	Name of Employer BREEDEN CAPITAL MGMT LLC		Occupation CHAIRMAN
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 1000.00
		Amount of Each Receipt this Period <input type="text"/> 1000.00	
		CONTRIBUTION	

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA BURNHAM		Date of Receipt
	Mailing Address 605 PARK AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 13 / 2010
	City NEW YORK	State NY	Zip Code 10065-7016
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1880
	Name of Employer SELF		Occupation REAL ESTATE
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 250.00
		Amount of Each Receipt this Period <input type="text"/> 250.00	
		CONTRIBUTION	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN CAHILL		Date of Receipt
	Mailing Address 49 DOGWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 02 / 2010
	City LEVITTOWN	State NY	Zip Code 11756-1527
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1847
	Name of Employer REAL ESTATE		Occupation CAHILL REALTY ADVISORS
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 1000.00
		Amount of Each Receipt this Period <input type="text"/> 1000.00	
		CONTRIBUTION	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 9 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) WARREN S. CARTER III</p> <p>Mailing Address 107 BISHOP STREET # 3</p> <p>City State Zip Code NEW HAVEN CT 06511-7308</p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer Occupation CARTER MANAGEMENT LLC FINANCE</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1867</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p> <p>CONTRIBUTION</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. GREGORY CELI SR</p> <p>Mailing Address 30 POST FIELDS LANE P.O. BOX 1683</p> <p>City State Zip Code QUOGUE NY 11959</p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer Occupation CELI ELECTRIC OWNER</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1913</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>CONTRIBUTION</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. DWIGHT L. CHAPIN</p> <p>Mailing Address P.O. BOX 5032</p> <p>City State Zip Code EAST HAMPTON NY 11937-6021</p> <p>FEC ID number of contributing federal political committee.    <b>C</b></p> <p>Name of Employer Occupation SELF CONSULTING</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID:</b> SA11.1903</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p> <p>CONTRIBUTION</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 84  
(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)  
PATRICK CONDREN

Mailing Address  
345 E 80TH ST.

City State Zip Code  
NEW YORK NY 10075-0644

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

**Transaction ID:** SA11.1882

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
GEORGE CONTOS

Mailing Address 355 LEXINGTON AVE  
9TH FLOOR

City State Zip Code  
NEW YORK NY 10017-6603

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

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

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** SA11.1853

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
HENRY DARLINGTON JR.

Mailing Address  
30 E 62ND ST. APT. 10D

City State Zip Code  
NEW YORK NY 10065-8026

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** SA11.1859

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 84  
(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. 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  
SECURITIES JP MORGAN

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11.1893

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. PETER M. DRITTEL

Mailing Address 111 PARK AVENUE

City State Zip Code  
GREENWICH CT 06830-4849

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

Name of Employer Occupation  
WEISS MULTI STRATEGY ADVI- SERS LLC INVESTMENT MANAGER

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1904

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JONATHAN FARKAS

Mailing Address  
32 E 72ND ST. FLOOR 8

City State Zip Code  
NEW YORK NY 10021-4265

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2010

Transaction ID: SA11.1790

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 84  
(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. JONATHAN FARKAS

Mailing Address  
32 E 72ND ST. FLOOR 8

City State Zip Code  
NEW YORK NY 10021-4265

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  
09 / 02 / 2010

Transaction ID: SA11.1818

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 30 SUTTON PLACE

City State Zip Code  
NEW YORK NY 10022-2382

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  
09 / 10 / 2010

Transaction ID: SA11.1895

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
YVONNE HANNAN

Mailing Address  
60 E END AVE APT. 30A

City State Zip Code  
NEW YORK NY 10028-7907

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  
09 / 02 / 2010

Transaction ID: SA11.1821

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: (check only one)	PAGE 13 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JON HEINEMANN	Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 923 FIFTH AVENUE APT. 3-F	<b>Transaction ID:</b> SA11.1899
	City NEW YORK State NY Zip Code 10021-2681	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer HEINEMAN FUND Occupation FINANCE Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. MICHELLE HEINEMANN	Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 923 FIFTH AVENUE APT. 3-F	<b>Transaction ID:</b> SA11.1898
	City NEW YORK State NY Zip Code 10021-2681	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer SELF EMPLOYED Occupation ARTIST Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) GAIL HILSON	Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2010
	Mailing Address 51 WHITE OAK LANE	<b>Transaction ID:</b> SA11.1884
	City SOUTHAMPTON State NY Zip Code 11968-2747	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 84

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ALEXANDRA C. HOWARD

Mailing Address

24 GRAMERCY PARK S. APT. 12N

City

NEW YORK

State

NY

Zip Code

10003-1700

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1912

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
TOD R. HULLIN

Mailing Address

65 STRIMPLES MILL ROAD

City

STOCKTON

State

NJ

Zip Code

08559-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

CONSULTANT

Receipt For:

2010

Primary

General

Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11.1864

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NAMITA KANSAL

Mailing Address 244 FIFTH AVENUE  
#2272

City

NEW YORK

State

NY

Zip Code

10001-7604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAV CONSULTING

Occupation

PARTNER

Receipt For:

2010

Primary

General

Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1874

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 15 / 84  
(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. KENNETH KHACHIGIAN

Mailing Address 300 SOUTH EL CAMINO REAL  
SUITE 203

City State Zip Code  
SAM CLEMENTE CA 92672-4070

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

Name of Employer Occupation  
BROWNSTEIN, HYATT, FARBER, SCHRECK ATTORNEY

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11.1892

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM KOCH

Mailing Address 1601 FORUM PLACE

City State Zip Code  
WEST PALM BEACH FL 33401-8101

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

Name of Employer Occupation  
OXBOW CORPORATION PRESIDENT AND CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.1848

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. ROONA KOROE

Mailing Address 8 CHAMPIONSHIP DRIVE

City State Zip Code  
MAMARONECK NY 10543-1127

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

Name of Employer Occupation  
N/A N/A

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11.1894

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: (check only one)	PAGE 16 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) H. S KOSTAKOPOULOS		Date of Receipt
	Mailing Address 446 E 86TH ST. APT. 70		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 13 / 2010
	City NEW YORK	State NY	Zip Code 10028-6466
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1886
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS	
		Election Cycle-to-Date ▼ 500.00	CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) STANLEY KREITMAN		Date of Receipt
	Mailing Address 300 PARK AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 14 / 2010
	City NEW YORK	State NY	Zip Code 10022-7402
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1931
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS	
		Election Cycle-to-Date ▼ 500.00	CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN LABATE		Date of Receipt
	Mailing Address		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 08 / 2010
	City DEER PARK	State NY	Zip Code 11729
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.1861
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation INFORMATION REQUESTED PER BEST EFFORTS	
		Election Cycle-to-Date ▼ 500.00	CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 / 84  
(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)  
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  
09 / 13 / 2010

Transaction ID: SA11.1879

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ALEX LARI

Mailing Address 1316 MADISON AVE

City State Zip Code  
NEW YORK NY 10128-1303

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

Name of Employer Occupation  
CLAREMONT GROUP REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

Transaction ID: SA11.1868

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ALEX LARI

Mailing Address 1316 MADISON AVE

City State Zip Code  
NEW YORK NY 10128-1303

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

Name of Employer Occupation  
CLAREMONT GROUP REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

Transaction ID: SA11.1869

Amount of Each Receipt this Period  
1000.00

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 18 / 84  
(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)  
ALEX LARI

Mailing Address 1316 MADISON AVE

City State Zip Code  
NEW YORK NY 10128-1303

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

Name of Employer Occupation  
CLAREMONT GROUP REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** SA11.1870

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ALEX LARI

Mailing Address 1316 MADISON AVE

City State Zip Code  
NEW YORK NY 10128-1303

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

Name of Employer Occupation  
CLAREMONT GROUP REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** SA11.1871

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1316 MADISON AVE

City State Zip Code  
NEW YORK NY 10128-1303

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

Name of Employer Occupation  
CLAREMONT GROUP REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** SA11.1855

Amount of Each Receipt this Period  
1000.00

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 19 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN LARI

Mailing Address 211 EAST 76TH STREET

City State Zip Code  
NEW YORK NY 10021-2156

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

Name of Employer Occupation  
CLAREMENT GROUP REAL ESTATE

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11.1856

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. PETER LEASE

Mailing Address 74 HIGHLAND AVENUE

City State Zip Code  
CHATHAM NJ 07928-1727

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

Name of Employer Occupation  
MORGAN STANLEY SMITH BARN- WEALTH ADVISOR  
EY

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2010

Transaction ID: SA11.1902

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. GEORGE LENCE

Mailing Address 14 HEMLOCK DR

City State Zip Code  
SLEEPY HOLLOW NY 10591-1031

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

Name of Employer Occupation  
NICHOLAS & LENCE COMMUNIC- PRESIDENT  
ATIONS

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

Transaction ID: SA11.1926

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 / 84

(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. RICHARD LIPSKY

Mailing Address 140 RIVERSIDE DRIVE  
APT. 8J

City State Zip Code  
NEW YORK NY 10024-2605

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

Name of Employer Occupation  
SELF EMPLOYED LOBBYIST

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

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1876

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
EDMUND MOORE

Mailing Address 11 STUART COURT

City State Zip Code  
HAMPTON BAYS NY 11946-1993

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.1823

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

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

Mailing Address MUTUAL OF AMERICA  
320 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022-6815

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

Name of Employer Occupation  
MUTUAL OF AMERICA INSURANCE

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

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.1849

Amount of Each Receipt this Period

1399.00

CONTRIBUTION

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

2399.00

**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 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS M. MULROY

Mailing Address 456 LOST DISTRICT DRIVE

City State Zip Code  
NEW CANAAN CT 06840-2016

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

Name of Employer Occupation  
T REX CAPITAL GROUP LLC CEO

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

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11.1787

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 14 HEMLOCK DRIVE

City State Zip Code  
SLEEPY HOLLOW NY 10591-1031

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

Name of Employer Occupation  
NLO STRATEGIES PARTNER

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

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

Transaction ID: SA11.1927

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

**C.** 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 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

Transaction ID: SA11.1846

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 / 84

(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

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. RICHARD PETROCELLI

Mailing Address 535 MADISON AVENUE

City State Zip Code  
NEW YORK NY 10022-4212

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

Name of Employer Occupation  
SARATOGA PARTNERS FINANCE

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

Date of Receipt

M M / D D / Y Y Y Y  
09 08 2010

Transaction ID: SA11.1887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER PIA

Mailing Address 4 ASHFIELDS LANE

City State Zip Code  
GREENWICH CT 06831-2734

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

Name of Employer Occupation  
MIA CAPITAL MANAGEMENT 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  
09 10 2010

Transaction ID: SA11.1866

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

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

Mailing Address 34 YELLOWCOTE ROAD

City State Zip Code  
OYSTER BAY NY 11771-4111

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) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 13 2010

Transaction ID: SA11.1907

Amount of Each Receipt this Period

250.00

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 23 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. CHARLES M. RICE, II

Mailing Address 8510 COLONIAL LN

City State Zip Code  
SAINT LOUIS MO 63124-2007

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

Name of Employer Occupation  
RICE MONEY MANAGERS PRESIDENT

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2010

Transaction ID: SA11.1936

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ELISABETH SCHAEFER

Mailing Address  
691 DEER PARK ROAD

City State Zip Code  
DIX HILLS NY 11746-6201

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  
09 / 02 / 2010

Transaction ID: SA11.1841

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
FREDERICK SCHLOMANN

Mailing Address  
237 OLD WILLETS PATH

City State Zip Code  
SMITHTOWN NY 11787-4105

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

Name of Employer Occupation  
UNICREDIT FINANCE

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1877

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**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 / 84  
(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)  
JOHN E. SCHMELTZER, III

Mailing Address 21 HAWKWOOD  
21 HAWKWOOD

City State Zip Code  
GREENWICH CT 06830-3924

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

Name of Employer Occupation  
PATTERSON BELKNAP WEBB&TY- LERLLP LAWYER

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1905

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
KAMBIZ SHAHABAZI

Mailing Address  
425 EAST 58TH STREET APT. 4E

City State Zip Code  
NEW YORK NY 10022-2300

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  
09 / 14 / 2010

Transaction ID: SA11.1932

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** 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  
SELF EMPLOYED FUNDRAISER

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.1872

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 25 / 84  
(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 SOMMER

Mailing Address  
13 COLUMBINE SOUTH

City State Zip Code  
HAMPTON BAYS NY 11946-1946

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11.1827

Amount of Each Receipt this Period  
250.00

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11.1858

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 ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.1878

Amount of Each Receipt this Period  
750.00

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 26 / 84  
(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)  
DANIEL STRATEMEIER

Mailing Address  
267-4TH STREET

City State Zip Code  
JERSEY CITY NJ 07302-2313

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

Name of Employer Occupation  
GOLDMAN SACHS FINANCE

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

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.1883

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. ANNE TAYLOR

Mailing Address  
2727 LYNDON B JOHNSON FWY SUITE 60

City State Zip Code  
DALLAS TX 75234-7334

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

Name of Employer Occupation  
W. P CAREY REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11.1789

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. ANNE TAYLOR

Mailing Address  
2727 LYNDON B JOHNSON FWY SUITE 60

City State Zip Code  
DALLAS TX 75234-7334

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

Name of Employer Occupation  
W. P CAREY REAL ESTATE

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

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11.1817

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5050.00**

**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 / 84  
(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  
2727 LYNDON B JOHNSON FWY SUITE 60

City State Zip Code  
DALLAS TX 75234-7334

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

Name of Employer Occupation  
CHURCHILL CAPITAL COMPANY BUSINESSMAN

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

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11.1788

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

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

Mailing Address 245 WEST 107TH STREET  
APT. 3H

City State Zip Code  
NEW YORK NY 10025-3052

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

Name of Employer Occupation  
AUSTIN CAPITAL CHAIRMAN

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

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

Transaction ID: SA11.1863

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
AMB. LEON WEIL

Mailing Address 455 E 51ST ST.

City State Zip Code  
NEW YORK NY 10022-6474

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

Name of Employer Occupation  
JAMMEY/MONTGOMERY FINANCIAL CONSULTANT

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

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.1873

Amount of Each Receipt this Period  
250.00

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 28 / 84  
(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. JASON WEINGARTNER

Mailing Address 20-64 46TH ST

City State Zip Code  
ASTORIA NY 11105-1212

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

Name of Employer Occupation  
NYS REPUBLICAN COMMITTEE EXECUTIVE

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 09 / 2010

Transaction ID: SA11.1890

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL ZETLIN

Mailing Address  
801 SECOND AVE

City State Zip Code  
NEW YORK NY 10017-4706

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

Name of Employer Occupation  
ZETLIN & DE CHIARA LLP LAWYER

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.1833

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY W. ZIGLAR

Mailing Address  
310 E 46TH ST. APT. 7K

City State Zip Code  
NEW YORK NY 10017-3002

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

Name of Employer Occupation  
GOLMAN SACHS FINANCE

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010

Transaction ID: SA11.1865

Amount of Each Receipt this Period  
1000.00

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 29 / 84
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES D. ZIRIN	Date of Receipt
	Mailing Address 770 PARK AVE	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City State Zip Code NEW YORK NY 10021-4153	<b>Transaction ID:</b> SA11.1930
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
	Name of Employer Occupation SIDLEY AUSTIN ATTORNEY	<b>CONTRIBUTION</b>
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="46824.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 84</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" 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 Chris N Cox		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 100 Seafield Lane		<b>Transaction ID:</b> SA13.2
City West Hampton	State NY	Zip Code 11987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer	Occupation	Contribution from Candidate
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

**B.**

Full Name (Last, First, Middle Initial) MR. CHRIS N. COX		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 100 SEAFIELD LANE		<b>Transaction ID:</b> SA13.1
City WEST HAMPTON	State NY	Zip Code 11978
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115000.00
Name of Employer	Occupation	CONTRIBUTION FROM CANDIDATE
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>215000.00</b>

# 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-1</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) David Atkins</p> <p>Mailing Address 55 West 26th Street Apartment 9C</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Payroll - Finance Director</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-2</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3707.41</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jesse Behman</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Salary - 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><b>Transaction ID:</b> SB17-124</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 443.84</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7151.25

**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)

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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) Jesse Behman <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Salary - Payroll Assistant 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: SB17-125 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 750.00 <hr/> Category/ Type 001
B.	Full Name (Last, First, Middle Initial) L Richard Bronchick <hr/> Mailing Address 672 Sandra Ave <hr/> City State Zip Code W Islip NY 11795 <hr/> Purpose of Disbursement Canvasser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-3 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 30.00 <hr/> Category/ Type 001
C.	Full Name (Last, First, Middle Initial) Peter Busacca <hr/> Mailing Address 121 Norwood Ave <hr/> City State Zip Code Port Jefferson Sta NY 11776 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-4 Date of Disbursement 08 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 185.00 <hr/> Category/ Type 000

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

965.00

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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Peter Busacca</p> <p>Mailing Address 121 Norwood Ave</p> <p>City Port Jefferson Sta State NY Zip Code 11776</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-5</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>000 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kristen Chase</p> <p>Mailing Address 21 Joludow Dr</p> <p>City Massapequa Park State NY Zip Code 11762</p> <p>Purpose of Disbursement Salary - 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><b>Transaction ID:</b> SB17-126</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1373.73</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kristen Chase</p> <p>Mailing Address 21 Joludow Dr</p> <p>City Massapequa Park State NY Zip Code 11762</p> <p>Purpose of Disbursement Salary - 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><b>Transaction ID:</b> SB17-127</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1372.50</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2946.23

**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) Kristen Chase  Mailing Address 21 Joludow Dr  City Massapequa Park State NY Zip Code 11762 Purpose of Disbursement Salary - 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: SB17-128 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 3816.75  Category/Type 001
B.	Full Name (Last, First, Middle Initial) Theodore Chiarenza  Mailing Address 28 Mayfield Dr  City Mastic Beach State NY Zip Code 11951 Purpose of Disbursement Canvasser Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-6 Date of Disbursement 08 / 30 / 2010  Amount of Each Disbursement this Period 303.00  Category/Type 001
C.	Full Name (Last, First, Middle Initial) Theodore Chiarenza  Mailing Address 28 Mayfield Dr  City Mastic Beach State NY Zip Code 11951 Purpose of Disbursement Canvasser Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-7 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 92.00  Category/Type 001

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

4211.75

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)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Adina 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-8</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1045.15</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Adina 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-9</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1045.15</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-10</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 633.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2723.30

**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)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andre Davis</p> <p>Mailing Address 19 Belmont Ave</p> <p>City Elmton 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-11</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 246.00</p> <p>001 Category/ Type</p>
<p><b>B.</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 State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-12</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p> <p>001 Category/ Type</p>
<p><b>C.</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 State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-13</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1418.81</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3083.62

**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><b>A.</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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-140</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 942.89</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ronald Glassman</p> <p>Mailing Address 103 Arden Ln</p> <p>City Stamford State CT Zip Code 06905</p> <p>Purpose of Disbursement Photography 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-14</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 650.00</p> <p>007 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ron Hariri</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-15</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>000 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3592.89

**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><b>A.</b> Full Name (Last, First, Middle Initial) Lynette Kern</p> <p>Mailing Address</p> <p>City State 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><b>Transaction ID:</b> SB17-129</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathy Kmonicek</p> <p>Mailing Address 56 Downing Ave</p> <p>City State Zip Code Sea Cliff NY 11579</p> <p>Purpose of Disbursement Event Photography</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-16</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 172.87</p> <p>Category/Type 007</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rahmik Lacoste</p> <p>Mailing Address 865 Broadway Ave</p> <p>City State Zip Code Holbrook NY 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-17</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 309.00</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

521.87

**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) Rahmik Lacoste	Transaction ID: SB17-18 Date of Disbursement 09 / 15 / 2010
	Mailing Address 865 Broadway Ave	Amount of Each Disbursement this Period 131.48
	City Holbrook State NY Zip Code 11722	
	Purpose of Disbursement Canvasser	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Laska	Transaction ID: SB17-19 Date of Disbursement 09 / 01 / 2010
	Mailing Address 26 Cob Drive	Amount of Each Disbursement this Period 854.10
	City Westport State CT Zip Code 06880	
	Purpose of Disbursement Payroll - Assistant	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paul Liggieri	Transaction ID: SB17-20 Date of Disbursement 09 / 01 / 2010
	Mailing Address	Amount of Each Disbursement this Period 75.00
	City State Zip Code	
	Purpose of Disbursement	000 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1060.58
<b>TOTAL</b> 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)  
Aaron Maslow

Mailing Address 1761 Stuart St

City State Zip Code  
Brooklyn NY 11229

Purpose of Disbursement  
Legal Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-21

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)  
Tom Nally

Mailing Address

City State Zip Code

Purpose of Disbursement  
Canvasser

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-22

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)  
Dan Pagano

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17-130

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

8000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8290.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Prestia <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Canvasser 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) ▼	<b>Transaction ID:</b> SB17-131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 180.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Prestia <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Canvasser 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) ▼	<b>Transaction ID:</b> SB17-132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 176.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Sevs <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Canvasser 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) ▼	<b>Transaction ID:</b> SB17-133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 185.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	541.00
<b>TOTAL</b> 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)

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Sevs Mailing Address City State Zip Code 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) ▼	<b>Transaction ID:</b> SB17-134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0 <b>Amount of Each Disbursement this Period</b> 340.00 Category/Type: 001
<b>B.</b>	Full Name (Last, First, Middle Initial) James Staudenraus Mailing Address PO Box 610 City State Zip Code Shirley NY 11967 Purpose of Disbursement Media Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-23 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0 <b>Amount of Each Disbursement this Period</b> 2000.00 Category/Type: 004
<b>C.</b>	Full Name (Last, First, Middle Initial) Jerry Steiner Mailing Address 20 West Main St City State Zip Code Riverhead NY 11901 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17-135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0 <b>Amount of Each Disbursement this Period</b> 1200.00 Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3540.00</b>
<b>TOTAL</b> 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)  
Nicholas Suriano

Mailing Address 10 Jefferson St

City Nesconset State NY Zip Code 11767

Purpose of Disbursement  
Canvasser

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17-24  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

90.00

B.

Full Name (Last, First, Middle Initial)  
Alix Walker

Mailing Address 462 Green Hill Rd

City Madison State CT Zip Code 06443

Purpose of Disbursement  
Canvasser

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17-25  
Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

684.54

C.

Full Name (Last, First, Middle Initial)  
Alix Walker

Mailing Address 462 Green Hill Rd

City Madison State CT Zip Code 06443

Purpose of Disbursement  
Canvasser

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17-26  
Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

342.27

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

1116.81

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Erin Walters  Mailing Address 18 Stony Brook Ln  City St James State NY Zip Code 11780  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: 00	Transaction ID: SB17-27 Date of Disbursement 08 / 30 / 2010  Amount of Each Disbursement this Period 168.00  Category/Type 001
B.	Full Name (Last, First, Middle Initial) Erin Walters  Mailing Address 18 Stony Brook Ln  City St James State NY Zip Code 11780  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: 00	Transaction ID: SB17-28 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 102.00  Category/Type 001
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: 00	Transaction ID: SB17-29 Date of Disbursement 08 / 27 / 2010  Amount of Each Disbursement this Period 2117.02  Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2387.02

**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><b>A.</b> Full Name (Last, First, Middle Initial) Mary Williamson</p> <p>Mailing Address 19142 East Euclid Drive</p> <p>City Centennial State CO Zip Code 80016</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-30</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 359.49</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Williamson</p> <p>Mailing Address 19142 East Euclid Drive</p> <p>City Centennial State CO Zip Code 80016</p> <p>Purpose of Disbursement Payroll - Assistant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-31</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) P Thomas Wink</p> <p>Mailing Address 3 Lawrence Ave</p> <p>City Smithtown State NY Zip Code 11787</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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-32</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

647.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 180 East Main LLC - Damianos Relaty Group</p> <p>Mailing Address 222 Middle Country Road</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-136</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AAA Printing</p> <p>Mailing Address 14 Jay St</p> <p>City New York State NY Zip Code 10013</p> <p>Purpose of Disbursement Flyer Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-33</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3638.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Amazon</p> <p>Mailing Address 1200 12th Ave</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement Research Material</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-34</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 147.16</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6785.16

**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) B & G Delicatessen  Mailing Address 830 Carman Ave  City Westbury State NY Zip Code 11590  Purpose of Disbursement Food and Beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-35 Date of Disbursement 09 / 14 / 2010  Amount of Each Disbursement this Period 250.00  Category/Type 007
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 State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-36 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 3339.51  Category/Type 001
C.	Full Name (Last, First, Middle Initial) Cablevision  Mailing Address PO Box 371378  City Pittsburgh State PA Zip Code 15250  Purpose of Disbursement Cable, Internet, Phones Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-37 Date of Disbursement 09 / 13 / 2010  Amount of Each Disbursement this Period 428.46  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4017.97
<b>TOTAL</b> 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) Cablevision Mailing Address PO Box 371378 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Cable, Internet, Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-38 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 428.46 Category/Type: 001
B.	Full Name (Last, First, Middle Initial) Campaign Tel LTD. Mailing Address 15 East 74th Street City New York State NY Zip Code 10021 Purpose of Disbursement Voter Outreach Phone Call Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-39 Date of Disbursement 08 / 31 / 2010 Amount of Each Disbursement this Period 20000.00 Category/Type: 004
C.	Full Name (Last, First, Middle Initial) Campaign Tel LTD. Mailing Address 15 East 74th Street City New York State NY Zip Code 10021 Purpose of Disbursement Voter Outreach Phone Call Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-40 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 15000.00 Category/Type: 004

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

35428.46

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Campaign Tel LTD.</p> <p>Mailing Address 15 East 74th Street</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Voter Outreach Phone Call</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-41 <b>Date of Disbursement</b> 09 / 13 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 25000.00</p> <p>004 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-139 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 140.00</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-43 <b>Date of Disbursement</b> 08 / 30 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 25.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

25165.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-44</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-45</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-46</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

75.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-47</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-48</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-49</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

75.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-50</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-51</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-52</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

75.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-53</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-54</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-55</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

65.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-56</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-57</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-58</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

75.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-59</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 82 East Main St</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-60</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CMDI</p> <p>Mailing Address 7704 Leesburg Pike</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Reporting Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-61</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

840.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Costco  Mailing Address 125 Beacon Dr  City Holbrook State NY Zip Code 11741  Purpose of Disbursement Food and Beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-62 Date of Disbursement 09 / 13 / 2010  Amount of Each Disbursement this Period 160.52  Category/Type 007
<b>B.</b>	Full Name (Last, First, Middle Initial) Data Tech Solutions  Mailing Address 200 McCormick Dr.  City Bohemia State NY Zip Code 11716  Purpose of Disbursement Letterhead Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-63 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 2818.94  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 680 Walt Whitman Rd.  City Melville State NY Zip Code 11747  Purpose of Disbursement Delivery Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-64 Date of Disbursement 08 / 26 / 2010  Amount of Each Disbursement this Period 28.60  Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3008.06**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-65 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 18.49 001 Category/Type
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-66 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 24.40 001 Category/Type
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-67 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 11.53 001 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

54.42

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 680 Walt Whitman Rd.  City Melville State NY Zip Code 11747  Purpose of Disbursement Delivery Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB17-68 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 32.60  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 680 Walt Whitman Rd.  City Melville State NY Zip Code 11747  Purpose of Disbursement Delivery Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB17-69 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 1.53  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 680 Walt Whitman Rd.  City Melville State NY Zip Code 11747  Purpose of Disbursement Delivery Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB17-70 Date of Disbursement 09 / 07 / 2010  Amount of Each Disbursement this Period 47.68  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	81.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-71 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 8.89 001 Category/Type
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-72 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 11.49 001 Category/Type
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-73 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 22.79 001 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

43.17

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 680 Walt Whitman Rd. City Melville State NY Zip Code 11747 Purpose of Disbursement Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-74 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0 Amount of Each Disbursement this Period 10.49 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Google.com Mailing Address 1600 Amphitheatre Parkway City Mountain View State CA Zip Code 94043 Purpose of Disbursement Online Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-75 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0 Amount of Each Disbursement this Period 62.10 Category/Type 004
C.	Full Name (Last, First, Middle Initial) Hess Mailing Address 3415 Veterans Highway City Ronkonkoma State NY Zip Code 11779 Purpose of Disbursement Prepaid Fuel Card Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-76 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0 Amount of Each Disbursement this Period 600.00 Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	672.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Hess</p> <p>Mailing Address 3415 Veterans Highway</p> <p>City Ronkonkoma State NY Zip Code 11779</p> <p>Purpose of Disbursement Fuel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-77</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 68.00</p> <p>002 Category/ Type</p>
<p><b>B.</b></p> <p>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 Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-78</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Highwood Capital</p> <p>Mailing Address 915 E St NW, Ste 615</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Fundraising Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-137</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>003 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>5568.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</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)

<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) Intuit  Mailing Address 2632 Marine Way  City Mountain View State CA Zip Code 94043  Purpose of Disbursement Online Software Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-79 Date of Disbursement 09 / 16 / 2010  Amount of Each Disbursement this Period 10.81  Category/Type 001
B.	Full Name (Last, First, Middle Initial) J Signs and Advertising  Mailing Address 12 Highland Ave  City Patchogue State NY Zip Code 11772  Purpose of Disbursement Event Signage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-80 Date of Disbursement 09 / 13 / 2010  Amount of Each Disbursement this Period 271.56  Category/Type 004
C.	Full Name (Last, First, Middle Initial) Lowe's  Mailing Address 2150 Nesconset Highway  City Stony Brook State NY Zip Code 11790  Purpose of Disbursement Yard Sign Posts Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-81 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 198.31  Category/Type 006

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**480.68**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mastic Beach Property Owners</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Room Rental Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-138</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>Category/Type 007</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Millennium Diner</p> <p>Mailing Address 156 East Main Street</p> <p>City State Zip Code Smithtown NY 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-82</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 68.35</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Millennium Diner</p> <p>Mailing Address 156 East Main Street</p> <p>City State Zip Code Smithtown NY 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-83</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 53.73</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

322.08

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Millennium Diner</p> <p>Mailing Address 156 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-84</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 16.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Millennium Diner</p> <p>Mailing Address 156 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-85</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 34.52</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Millennium Diner</p> <p>Mailing Address 156 East Main Street</p> <p>City Smithtown State NY Zip Code 11787</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-86</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

85.52

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 65 / 84

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nesconset Chamber of Commerce <hr/> Mailing Address PO Box 392 <hr/> City Nesconset State NY Zip Code 11767 <hr/> Purpose of Disbursement Event Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-87 Date of Disbursement 09 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 150.00 <hr/> Category/Type 007
<b>B.</b>	Full Name (Last, First, Middle Initial) Newsday <hr/> Mailing Address 235 Pinelawn Road <hr/> City Melville State NY Zip Code 11747 <hr/> Purpose of Disbursement Newspaper Subscription Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-88 Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 31.92 <hr/> Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Nology Design <hr/> Mailing Address 924 N Main St. Suite 4 <hr/> City Ann Arbor State MI Zip Code 48104 <hr/> Purpose of Disbursement Website Design Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-89 Date of Disbursement 08 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 6787.50 <hr/> Category/Type 004

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6969.42

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Party Basics

Mailing Address PO Box 944

City State Zip Code  
Smithtown NY 11787

Purpose of Disbursement  
Phone Hotline & Issue Paper

Candidate Name

003  
Category/  
Type

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

Transaction ID: SB17-90  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

2654.88

**B.**

Full Name (Last, First, Middle Initial)  
Patton Boggs, LLP

Mailing Address 2550 M Street Northwest

City State Zip Code  
Washington DC 20037

Purpose of Disbursement  
Legal Services

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17-91  
Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

4512.07

**C.**

Full Name (Last, First, Middle Initial)  
Paypal

Mailing Address 2065 Hamilton Ave

City State Zip Code  
San Jose CA 95125

Purpose of Disbursement  
Credit Card Service Fee

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB17-150  
Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

29.55

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7196.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2065 Hamilton Ave City San Jose State CA Zip Code 95125 Purpose of Disbursement Credit Card Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-151 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 30.00 001 Category/Type
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2065 Hamilton Ave City San Jose State CA Zip Code 95125 Purpose of Disbursement Credit Card Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-152 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 457.17 001 Category/Type
C.	Full Name (Last, First, Middle Initial) Rockwells Bar and Grill Mailing Address 60 Terry Road City Smithtown State NY Zip Code 11787 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-92 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 56.65 001 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

543.82

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) Sparkling Garland Cleaning  Mailing Address PO Box 302  City Moriches State NY Zip Code 11955  Purpose of Disbursement Office Cleaning Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-93 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">420.00</td> </tr> </table> Category/Type: 001	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0	420.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	1	0														
420.00																							
B.	Full Name (Last, First, Middle Initial) SRCP Media  Mailing Address 201 N Union St, Ste 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-94 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">52006.00</td> </tr> </table> Category/Type: 004	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0	52006.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	1		2	0	1	0														
52006.00																							
C.	Full Name (Last, First, Middle Initial) SRCP Media  Mailing Address 201 N Union St, Ste 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Media Buy Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-95 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">10000.00</td> </tr> </table> Category/Type: 004	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	1	0	10000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	7		2	0	1	0														
10000.00																							

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

62426.00

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) 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-96 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 25000.00
B.	Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 526 Route 111 <hr/> City Hauppauge State NY Zip Code 11788 <hr/> Purpose of Disbursement Name Tags Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-100 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 38.75
C.	Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 526 Route 111 <hr/> City Hauppauge State NY Zip Code 11788 <hr/> Purpose of Disbursement Paper Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-97 Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 82.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**25121.28**

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Printer Toner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-98</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 247.48</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 526 Route 111</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement 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: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-99</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 503.73</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Suffolk County BOE</p> <p>Mailing Address PO Box 700</p> <p>City Yaphank State NY Zip Code 11980</p> <p>Purpose of Disbursement Voter List</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-101</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>004 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

766.21

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 303 Maple Ave.  City Smithtown State NY Zip Code 11787  Purpose of Disbursement Fuel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-102 Date of Disbursement 09 / 13 / 2010  Amount of Each Disbursement this Period 57.00  Category/Type 002
B.	Full Name (Last, First, Middle Initial) Sunoco  Mailing Address 303 Maple Ave.  City Smithtown State NY Zip Code 11787  Purpose of Disbursement Fuel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-103 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 71.01  Category/Type 002
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: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-104 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 4500.00  Category/Type 003

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

4628.01

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Teese &amp; Associates, Inc</p> <p>Mailing Address PO Box 474</p> <p>City St James State NY Zip Code 11780</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-105</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 6499.00</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Home Depot</p> <p>Mailing Address 399 William Floyd Pkwy</p> <p>City Shirley State NY Zip Code 11967</p> <p>Purpose of Disbursement Yard Sign Posts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-106</p> <p>Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 84.97</p> <p>004 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Prints-Ables Office</p> <p>Mailing Address 92 Budenos Dr</p> <p>City Sayville State NY Zip Code 11782</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-107</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 3338.06</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9922.03

**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) 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: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-108 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 15000.00 Category/Type: 001
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 State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-109 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 23110.00 Category/Type: 001
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 State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-110 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 15000.00 Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**53110.00**

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Traz Group</p> <p>Mailing Address 26 S Maple Ave</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Strategic/Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-111</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 22000.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Traz Group</p> <p>Mailing Address 26 S Maple Ave</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Strategic/Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-112</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Traz Group</p> <p>Mailing Address 26 S Maple Ave</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Strategic/Political Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-113</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

28400.00

**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)

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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	Transaction ID: SB17-114 Date of Disbursement 09 / 09 / 2010
	Mailing Address 26 S Maple Ave	Amount of Each Disbursement this Period 39725.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement Strategic/Political Consulting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Traz Group	Transaction ID: SB17-115 Date of Disbursement 09 / 13 / 2010
	Mailing Address 26 S Maple Ave	Amount of Each Disbursement this Period 3400.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement Strategic/Political Consulting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U-Haul Moving	Transaction ID: SB17-247 Date of Disbursement 11 / 08 / 2010
	Mailing Address 771 Nesconset-Port Jefferson Highw	Amount of Each Disbursement this Period 8.86
	City Smithtown State NY Zip Code 11787	
	Purpose of Disbursement Moving Supplies Candidate Name	001 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) ..... ►

**43133.86**

**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) United States Treasury  Mailing Address PO Box 804522  City Cincinnati State OH Zip Code 45280  Purpose of Disbursement Tax Payment Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-116 Date of Disbursement 09 / 17 / 2010  Amount of Each Disbursement this Period 687.09  Category/Type 001
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 101 West High Street  City Mount Vernon State OH Zip Code 43050  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-117 Date of Disbursement 08 / 27 / 2010  Amount of Each Disbursement this Period 132.00  Category/Type 001
C.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 101 West High Street  City Mount Vernon State OH Zip Code 43050  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-118 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 176.00  Category/Type 001

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

995.09

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) Verizon Wireless Mailing Address 20 Alexander Drive City Wallingford State CT Zip Code 06492 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-119 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 1603.21 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Waldbaum's Mailing Address 124 East Main Street City Smithtown State NY Zip Code 11787 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-120 Date of Disbursement 09 / 01 / 2010 Amount of Each Disbursement this Period 10.00 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Zumodrive Mailing Address 1633 Bayshore Highway City Bothell State WA Zip Code 94010 Purpose of Disbursement Online File Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-121 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 19.99 Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1633.20

**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)  
Zumodrive

Mailing Address 1633 Bayshore Highway

City Bothell State WA Zip Code 94010

Purpose of Disbursement  
Online File Storage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District: 00

Transaction ID: SB17-122

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

19.99

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

19.99

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

370562.14

**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 type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

A.

Full Name (Last, First, Middle Initial)  
Avon Walk for Breast Cancer

Mailing Address 110 Wall St # 3-2

City State Zip Code  
New York NY 10005

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District: 00

Transaction ID: SB21-123

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

Transaction ID: SC1BX

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 100 Seafield Lane

City Westhampton Beach State NY ZIP Code 11978

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

**TERMS**

Date Incurred: M M 03 D D 31 Y Y Y Y 2010 Date Due: None Interest Rate: 0.0000 % (apr) Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	500000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

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



**SCHEDULE C (FEC Form 3)**

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

PAGE 81 / 84

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

**Transaction ID: SC1X**

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

**TERMS**

Date Incurred M M 06 D D 30 Y Y Y Y 2010	Date Due None	Interest Rate 0.0000 % (apr)	Secured: <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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input type="text" value="500000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input type="text" value="1000000.00"/>

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

# SCHEDULE C (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: SA13.2B

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 100 Seafield Lane

City West Hampton State NY ZIP Code 11978

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

### TERMS

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

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

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

**SUBTOTALS** This Period This Page (optional) ..... ▶ 0.00

**TOTALS** This Period (last page in this line only) ..... ▶

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

# SCHEDULE C (FEC Form 3)

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

## LOANS

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

NAME OF COMMITTEE (In Full)  
Chris Cox for Congress

Transaction ID: SA13.1B

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 100 Seafield Lane

City West Hampton State NY ZIP Code 11978

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

### TERMS

Date Incurred:    Date Due:  Interest Rate:  % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

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

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 84 / 84 of Schedule C

Name of Committee (in Full) <b>Chris Cox for Congress</b>		<b>FEC IDENTIFICATION NUMBER</b> C00474395	
Back Ref ID: SC1X			
LENDING INSTITUTION (LENDER) Full Name Mr Christopher Nixon Cox		Amount of Loan 500000.00	Interest Rate (APR) 6.12 %
Mailing Address 100 Seafield Lane		Date Incurred or Established 06 30 2010	
City Westhampton Beach	State NY	Zip Code 11978	Date Due 01/01/2011
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____			
B. If line of credit, Amount of this Draw: 0.00		Total Outstanding balance : 0.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Stock Margin loan personally made to Candidate Cox. Rate of 6.125%</u>		What is the value of this collateral? 500000.00	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 06 30 2010		Location of account Merrill Lynch Address: One Federal Street City, State, Zip: Boston MA 02110	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Mr. William Rothaar Signature _____		DATE 07 15 2010	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name William Rothaar Signature _____		DATE 07 15 2010	
		Title Treasurer	