

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	40050.00	44550.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	40050.00	44550.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19951.06	65869.49
(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)).....	19951.06	65869.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196933.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	119000.00	

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 02/2003)

Write or Type Committee Name
Westmoreland for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

23900.00

27900.00

(ii) Unitemized.....

200.00

200.00

(iii) TOTAL of contributions

24100.00

28100.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

15950.00

16450.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

40050.00

44550.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

40050.00

44550.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19951.06	65869.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	60000.00	60000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	60000.00	60000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	40637.07	42637.07
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	120588.13	168506.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	277471.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	40050.00
25. SUBTOTAL (add Line 23 and Line 24).....	317521.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	120588.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196933.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 44
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. AFLAC, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 1932 Wynnton Road Attn: Bill Dudley		Transaction ID: 50113.C3356	
City State Zip Code Columbus GA 31999		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off Debt 2004		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Bell South PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4	
Mailing Address 1025 Lenox Park Blvd. 6B648		Transaction ID: 50113.C3348	
City State Zip Code Atlanta GA 30319		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off Debt 2004		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Cathy Morris for Congress		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4	
Mailing Address P.O. Box 137		Transaction ID: 50113.C3327	
City State Zip Code Spokane WA 99210-0137		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004		Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Growth & Prosperity PAC

Mailing Address Attn: Congressman Spencer Bachus
1155 21st Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50113.C3358

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Holland and Knight PAC

Mailing Address 2099 Pennsylvania Ave. NW
Suite 100

City State Zip Code
Washington DC 20006-6801

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50113.C3354

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Natl Assn of Insurance PAC (NAIFAPAC)

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: 50113.C3359

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
NRA Political Victory PAC

Mailing Address 11250 Waples Mill Road
Attn: Brandi Graham Pensoneau

City State Zip Code
Fairfax VA 22030-7400

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Run-Off Debt 2004

Election Cycle-to-Date ▼
4950.00

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

Transaction ID: 50113.C3360

Amount of Each Receipt this Period
4950.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Republican Natl Coalition for Life PAC

Mailing Address P.O. Box 618

City State Zip Code
Alton IL 62002

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50113.C3336

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Technologies PAC

Mailing Address 1401 I Street, NW., Ste. 600

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50113.C3329

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6950.00
TOTAL This Period (last page this line number only)	15950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Meredith Austin

Mailing Address 819 Dixie Street

City State Zip Code
Carrollton GA 30117

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

1000.00

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

Transaction ID: 50113.C3341

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Blackburn

Mailing Address 200 Joe Ben Lee Rd

City State Zip Code
Newnan GA 30263-4105

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

Name of Employer Occupation
Coweta Realty, Inc. Real Estate Agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

500.00

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

Transaction ID: 50113.C3328

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Blanchard

Mailing Address P.O. Box 120

City State Zip Code
Columbus GA 31902

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

Name of Employer Occupation
Synovus CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary Debt 2004

1000.00

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

Transaction ID: 50113.C3332

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Carol Brady

Mailing Address 410 Vanderwall

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

1000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2004

Transaction ID: 50113.C3352

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carter Goble Lee, LLC

Mailing Address Attn: Joe Lee
795 East Lanier Ave.

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

1000.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2004

Transaction ID: 50113.C3339

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
A.D. Correll

Mailing Address 650 West Paces Ferry Road

City State Zip Code
Atlanta GA 30327

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

Name of Employer Georgia Pacific Occupation
Chairman and CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

1000.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2004

Transaction ID: 50113.C3330

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Frank Hanna

Mailing Address 245 Perimeter Center Parkway N.E.
Suite 600

City Atlanta State GA Zip Code 30346-2300

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

Name of Employer HBR Capital Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) Run-Off Debt 2004

Election Cycle-to-Date 2008.00

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

Transaction ID: 50113.C3350

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sally Hanna

Mailing Address 245 Perimeter Center Pkwy., N.E.
Suite 600

City Atlanta State GA Zip Code 30346-2300

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) Run-Off Debt 2004

Election Cycle-to-Date 2008.00

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

Transaction ID: 50113.C3349

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Greg Harrell

Mailing Address 665 Birkdale Drive

City Fayetteville State GA Zip Code 30215

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

Name of Employer Fairburn Ready Mix, Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) Run-Off Debt 2004

Election Cycle-to-Date 900.00

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

Transaction ID: 50113.C3344

Amount of Each Receipt this Period
900.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
William Jones

Mailing Address P.O. Box 933

City State Zip Code
Jackson GA GA 30233

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

Name of Employer Occupation
Jones Petroleum Company President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 50113.C3353

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Culver Kidd

Mailing Address 101 E. Hancock Street

City State Zip Code
Milledgeville GA 31061

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

Name of Employer Occupation
Kidd and Associates Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50113.C3343

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Judd Lasseter

Mailing Address P.O. Box 726

City State Zip Code
Moultrie GA 31776

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

Name of Employer Occupation
Lasseter Tractor Company Farm Equipment Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50113.C3337

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Tony Lasseter

Mailing Address P.O. Box 726

City State Zip Code
Moultrie GA 31776

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

Name of Employer Occupation
Lasseter Tractor Company Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2004

Transaction ID: 50113.C3338

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joe Lee

Mailing Address 795 East Lanier Avenue Suite D

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Occupation
Carter Goble Lee, LLC President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Run-Off Debt 2004

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2004

Transaction ID: 50113.C3340

Amount of Each Receipt this Period
1000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Wayne Leslie

Mailing Address 205 Jeff Davis Place

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Occupation
Leslie Contracting, Inc. CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Run-Off Debt 2004

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2004

Transaction ID: 50113.C3347

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Douglas Mitchell

Mailing Address Pathway Communities
P.O. Box 2007

City Peachtree City State GA Zip Code 30269

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

Name of Employer Pathway Communities Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 50113.C3345

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Henry Monsees

Mailing Address 45 Mulberry Bluff Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Savannah Distributing Co. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼ Primary Debt 2004

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 50113.C3334

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tom Richards

Mailing Address 110 Old Hickory Trail, North

City Carrollton State GA Zip Code 30117

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

Name of Employer T.Richards Mortgaging Services Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 50113.C3335

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Donnie Russell

Mailing Address P.O. Box 276

City State Zip Code
Jonesboro GA 30237

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

Name of Employer Occupation
Parham Industries, Inc. Sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Run-Off Debt 2004

500.00

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

Transaction ID: 50113.C3333

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Stacy

Mailing Address 1925 Sage Ct.

City State Zip Code
Columbus GA 31909

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

Name of Employer Occupation
Congressman Lynn Westmoreland District Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary Debt 2004

500.00

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

Transaction ID: 50113.C3326

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Winburn Stewart, Jr.

Mailing Address P.O. Box 3789

City State Zip Code
Macon GA 31205

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

Name of Employer Occupation
Bibb Distributing Co. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ Primary Debt 2004

1000.00

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

Transaction ID: 50113.C3346

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 44
	(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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Richard Ussery		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4	
Mailing Address 1 Mountain Ridge Ct.		Transaction ID: 50113.C3331	
City State Zip Code Columbus GA 31904	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Total System	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. F.S. Wilkinson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address P.O. Box 116		Transaction ID: 50113.C3355	
City State Zip Code Haralson GA 30229	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wilkinson Investments	Occupation Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off Debt 2004	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	23900.00

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

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

FOR LINE NUMBER:
(check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Aristotle		Transaction ID: 50113.E1275 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 205 Pennsylvaina Ave. SE		Amount of Each Disbursement this Period 71.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADMINISTRATIVE EXPENSES: ON LINE CO Candidate Name		ADMINISTRATIVE EXPENSES: ON LINE CO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of Coweta		Transaction ID: 50113.E1149 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 2373.77
City Newnan State GA Zip Code 30264-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name		CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crystal Springs Water		Transaction ID: 50113.E1165 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 1.61
City Atlanta State GA Zip Code 30353-0578	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WATER FOR OFFICE Candidate Name		[MEMO ITEM] MEMO: WATER FOR OFFICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2444.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Crystal Springs Water		Transaction ID: 50113.E1170 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 14.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-0578	[MEMO ITEM] MEMO: WATER FOR OFFICE	
Purpose of Disbursement WATER FOR OFFICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Earthlink		Transaction ID: 50113.E1163 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 41.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30309-	[MEMO ITEM] MEMO: BLACKBERRY SERVICE	
Purpose of Disbursement BLACKBERRY SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Earthlink		Transaction ID: 50113.E1155 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 21.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30309-	[MEMO ITEM] MEMO: BLACKBERRY SERVICE	
Purpose of Disbursement BLACKBERRY SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Earthlink		Transaction ID: 50113.E1160 Date of Disbursement 12 / 03 / 2004
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 51.45
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE Candidate Name	Category/Type	[MEMO ITEM] MEMO: INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flash Foods		Transaction ID: 50113.E1188 Date of Disbursement 12 / 03 / 2004
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 45.50
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Flash Foods		Transaction ID: 50113.E1179 Date of Disbursement 12 / 03 / 2004
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 44.00
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPNESE Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPNESE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 44

<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)
Westmoreland for Congress

A. Office Max

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address Newnan Pavillon
1064 Bullsboro Rd.

City Newnan State GA Zip Code 30265-

Purpose of Disbursement
ADMINISTRATIVE EXPENSES: OFFICE SUP

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50113.E1157

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: ADMINISTRATIVE EXPENSES: OFFICE SUP

B. Office Max

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address Newnan Pavillon
1064 Bullsboro Rd.

City Newnan State GA Zip Code 30265-

Purpose of Disbursement
FUNDRAISING EXPENSES: INVITATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50113.E1159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSES: INVITATION

C. Quick Trip

Full Name (Last, First, Middle Initial)
Quick Trip

Mailing Address Newnan

City Newnan State GA Zip Code 30265-

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50113.E1183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Quick Trip		Transaction ID: 50113.E1182 Date of Disbursement 12 / 03 / 2004
Mailing Address Newnan		Amount of Each Disbursement this Period 38.19
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Quick Trip		Transaction ID: 50113.E1190 Date of Disbursement 12 / 03 / 2004
Mailing Address Newnan		Amount of Each Disbursement this Period 44.70
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Post Office		Transaction ID: 50113.E1154 Date of Disbursement 12 / 03 / 2004
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 740.32
City Sharpsburg State GA Zip Code 30277-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADMINISTRATIVE EXPENSES: POSTAGE	Candidate Name	[MEMO ITEM] MEMO: ADMINISTRATIVE EXPENSES: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50113.E1164 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 113.12
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50113.E1173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 220.62
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank of Coweta		Transaction ID: 50113.E1203 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 7.38
City Newnan State GA Zip Code 30264-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AMERICAN EXPRESS AXP. DISCOUNT	Candidate Name	AMERICAN EXPRESS AXP. DISCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7.38
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Bank of Coweta		Transaction ID: 50113.E1201 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30264-	Purpose of Disbursement AMERICAN EXPRESS COLLECITON Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMERICAN EXPRESS COLLECIT- ON

Full Name (Last, First, Middle Initial) B. Bank of Coweta		Transaction ID: 50113.E1205 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 39.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30264-	Purpose of Disbursement MERCHANT BANKCARD FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MERCHANT BANKCARD FEE

Full Name (Last, First, Middle Initial) C. Bank of Coweta		Transaction ID: 50113.E1202 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30264-	Purpose of Disbursement AMERICAN EXPRESS COLLECTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AMERICAN EXPRESS COLLECTI- ON

SUBTOTAL of Disbursements This Page (optional) ▶	49.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Crystal Springs Water		Transaction ID: 50113.E1265 Date of Disbursement 12 / 17 / 2004
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 14.45
City Atlanta State GA Zip Code 30353-0578	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WATER FOR OFFICE	Candidate Name	[MEMO ITEM] MEMO: WATER FOR OFFICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Crystal Springs Water		Transaction ID: 50113.E1233 Date of Disbursement 12 / 17 / 2004
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 1.07
City Atlanta State GA Zip Code 30353-0578	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WATER FOR OFFICE	Candidate Name	[MEMO ITEM] MEMO: WATER FOR OFFICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 50113.E1234 Date of Disbursement 12 / 17 / 2004
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Earthlink		Transaction ID: 50113.E1224 Date of Disbursement 12 / 17 / 2004
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 21.95
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE	Candidate Name	[MEMO ITEM] MEMO: BLACKBERRY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flash Foods		Transaction ID: 50113.E1249 Date of Disbursement 12 / 17 / 2004
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 42.50
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Flash Foods		Transaction ID: 50113.E1252 Date of Disbursement 12 / 17 / 2004
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 24.50
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Flash Foods		Transaction ID: 50113.E1250 Date of Disbursement 12 / 17 / 2004	
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 42.35	
City Newnan	State GA	Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hyatt Regency Capitol Hill		Transaction ID: 50113.E1239 Date of Disbursement 12 / 17 / 2004	
Mailing Address Washington DC		Amount of Each Disbursement this Period 786.63	
City Washington	State DC	Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hyatt Regency Capitol Hill		Transaction ID: 50113.E1261 Date of Disbursement 12 / 17 / 2004	
Mailing Address Washington DC		Amount of Each Disbursement this Period 285.23	
City Washington	State DC	Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Publix		Transaction ID: 50113.E1223 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 100 Glenda Trace		Amount of Each Disbursement this Period 11.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-3863	Purpose of Disbursement ADMINISTRATIVE EXPENSES: OFFICE SUP Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ADMINISTRATIVE EXPENSES: OFFICE SUP

Full Name (Last, First, Middle Initial) B. Publix		Transaction ID: 50113.E1243 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 100 Glenda Trace		Amount of Each Disbursement this Period 11.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-3863	Purpose of Disbursement ADMINISTRATIVE EXPENSES - OFFICE SU Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ADMINISTRATIVE EXPENSES - OFFICE SU

Full Name (Last, First, Middle Initial) C. Ship and Shore Travel Agency		Transaction ID: 50113.E1230 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 1425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon State GA Zip Code 31204-	Purpose of Disbursement TRAVEL EXPENSES Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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)
Westmoreland for Congress

A. Ship and Shore Travel Agency

Full Name (Last, First, Middle Initial)
Mailing Address Macon, Georgia

City Macon State GA Zip Code 31204-

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50113.E1227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSES

B. Ship and Shore Travel Agency

Full Name (Last, First, Middle Initial)
Mailing Address Macon, Georgia

City Macon State GA Zip Code 31204-

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50113.E1229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSES

C. Ship and Shore Travel Agency

Full Name (Last, First, Middle Initial)
Mailing Address Macon, Georgia

City Macon State GA Zip Code 31204-

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50113.E1228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Ship and Shore Travel Agency		Transaction ID: 50113.E1244 Date of Disbursement 12 / 17 / 2004	
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 425.00	
City Macon	State GA	Zip Code 31204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: TRAVEL EXPENSES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ship and Shore Travel Agency		Transaction ID: 50113.E1232 Date of Disbursement 12 / 17 / 2004	
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 688.00	
City Macon	State GA	Zip Code 31204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: TRAVEL EXPENSES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ship and Shore Travel Agency		Transaction ID: 50113.E1240 Date of Disbursement 12 / 17 / 2004	
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 1234.00	
City Macon	State GA	Zip Code 31204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: TRAVEL EXPENSES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. United States Post Office		Transaction ID: 50113.E1247 Date of Disbursement 12 / 17 / 2004	
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 148.00	
City Shargsburg State GA Zip Code 30277-	Purpose of Disbursement POSTAGE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50113.E1246 Date of Disbursement 12 / 17 / 2004	
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 230.25	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE SERVICE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELL PHONE SERVICE	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50113.E1226 Date of Disbursement 12 / 17 / 2004	
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 122.75	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE SERVICE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELL PHONE SERVICE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Brad Bohannon		Transaction ID: 50113.E1209 Date of Disbursement 12 / 17 / 2004	
Mailing Address 70 Southfield Drive		Amount of Each Disbursement this Period 250.00	
City Newnan State GA Zip Code 30265-	Purpose of Disbursement ADMINISTRATIVE EXPENSES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADMINISTRATIVE EXPENSES	

Full Name (Last, First, Middle Initial) B. Laura Dunaway		Transaction ID: 50113.E1211 Date of Disbursement 12 / 17 / 2004	
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 250.00	
City Augusta State GA Zip Code 30909-	Purpose of Disbursement ADMINISTRATIVE EXPENSES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADMINISTRATIVE EXPENSES	

Full Name (Last, First, Middle Initial) C. ITC Delta Com		Transaction ID: 50113.E1151 Date of Disbursement 12 / 03 / 2004	
Mailing Address P.O. Box 1233		Amount of Each Disbursement this Period 681.04	
City Arab State AL Zip Code 35016-	Purpose of Disbursement PHONE SERVICE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PHONE SERVICE	

SUBTOTAL of Disbursements This Page (optional) ▶	1181.04
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
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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)
Westmoreland for Congress

A. Alice James Full Name (Last, First, Middle Initial) Mailing Address 156 F Street SE Apartment 3 City Washington State DC Zip Code 20003-		Transaction ID: 50113.E1212 Date of Disbursement 12 / 17 / 2004 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADMINISTRATIVE EXPENSES
Purpose of Disbursement ADMINISTRATIVE EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type ADMINISTRATIVE EXPENSES

B. Jubilee Service Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 323 City Lithia Springs State GA Zip Code 30122-		Transaction ID: 50113.E1150 Date of Disbursement 12 / 03 / 2004 Amount of Each Disbursement this Period 295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADMINISTRATIVE EXPENSES: COPY SERVI
Purpose of Disbursement ADMINISTRATIVE EXPENSES: COPY SERVI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type ADMINISTRATIVE EXPENSES: COPY SERVI

C. H.E. Lake Full Name (Last, First, Middle Initial) Mailing Address 769 Nob Ridge Drive City Marietta State GA Zip Code 30064-		Transaction ID: 50113.E1198 Date of Disbursement 12 / 10 / 2004 Amount of Each Disbursement this Period 5265.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING FEE
Purpose of Disbursement POLITICAL CONSULTING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type POLITICAL CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	5810.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. H.E. Lake		Transaction ID: 50113.E1207 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4
Mailing Address 769 Nob Ridge Drive		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marietta State GA Zip Code 30064-	Purpose of Disbursement ADMINISTRATIVE EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADMINISTRATIVE EXPENSES

Full Name (Last, First, Middle Initial) B. H.E. Lake		Transaction ID: 50113.E1208 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 769 Nob Ridge Drive		Amount of Each Disbursement this Period 332.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marietta State GA Zip Code 30064-	Purpose of Disbursement TRAVEL EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) C. RC Development		Transaction ID: 50113.E1152 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 2753 East Hwy 34 Suite 2		Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-	Purpose of Disbursement RENT FOR DECEMBER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT FOR DECEMBER

SUBTOTAL of Disbursements This Page (optional) ▶	1157.55
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Bryan Tyson		Transaction ID: 50113.E1199 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4	
Mailing Address 1406 Forest Lane SE		Amount of Each Disbursement this Period 272.31	
City Marietta State GA Zip Code 30067-	Purpose of Disbursement TRAVEL EXPENSES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ TRAVEL EXPENSES	

Full Name (Last, First, Middle Initial) B. Bryan Tyson		Transaction ID: 50113.E1210 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 4	
Mailing Address 1406 Forest Lane SE		Amount of Each Disbursement this Period 250.00	
City Marietta State GA Zip Code 30067-	Purpose of Disbursement ADMISITRATIVE EXPENSES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ADMISITRATIVE EXPENSES	

SUBTOTAL of Disbursements This Page (optional)

522.31

TOTAL This Period (last page this line number only)

19848.12

**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 checked="" 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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Lynn Westmoreland

Mailing Address 25 Bretts Bend

City State Zip Code
Sharpsburg GA 30277-

Purpose of Disbursement
Repay Loan Made/Guar. by Cand Loan Repay

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50113.E1141
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	3		2	0	0	4

Amount of Each Disbursement this Period

60000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

60000.00

TOTAL This Period (last page this line number only)

60000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. ADP Easypay Atlanta		Transaction ID: 50113.E1142 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 26066.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30328-	Purpose of Disbursement SEE BELOW: PAY ROLL PAY ROLL TAX A Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ADP Easypay Atlanta		Transaction ID: 50113.E1268 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 14571.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30328-	Purpose of Disbursement SEE BELOW: PAY ROLL PAY ROLL TAX A Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. ADP Easypay Atlanta		Transaction ID: 50113.E1144 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 79.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30328-	Purpose of Disbursement PAY ROLL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM] MEMO:Pay Roll Fees

SUBTOTAL of Disbursements This Page (optional) ▶	40637.07
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. ADP Easypay Atlanta		Transaction ID: 50113.E1143 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="checkbox"/> 12 / <input type="checkbox"/> 03 / <input type="checkbox"/> 2004
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAY ROLL TAXES		Amount of Each Disbursement this Period 8667.76
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay roll Taxes
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easypay Atlanta		Transaction ID: 50113.E1269 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="checkbox"/> 12 / <input type="checkbox"/> 31 / <input type="checkbox"/> 2004
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAY ROLL TAXES		Amount of Each Disbursement this Period 4047.76
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay Roll Taxes
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Easypay Atlanta		Transaction ID: 50113.E1270 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="checkbox"/> 12 / <input type="checkbox"/> 31 / <input type="checkbox"/> 2004
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAY ROLL FEES		Amount of Each Disbursement this Period 79.34
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay Roll Fees
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Brad Bohannon		Transaction ID: 50113.E1147 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 70 Southfield Drive		Amount of Each Disbursement this Period 4172.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-	[MEMO ITEM] MEMO:Pay Roll	
Purpose of Disbursement PAY ROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brad Bohannon		Transaction ID: 50113.E1267 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 70 Southfield Drive		Amount of Each Disbursement this Period 2032.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-	[MEMO ITEM] MEMO:Pay Roll	
Purpose of Disbursement PAY ROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Laura Dunaway		Transaction ID: 50113.E1273 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 2873.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30909-	[MEMO ITEM] MEMO:Pay Roll	
Purpose of Disbursement PAY ROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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)
Westmoreland for Congress

Full Name (Last, First, Middle Initial) A. Laura Dunaway		Transaction ID: 50113.E1145 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 3066.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30909-	Purpose of Disbursement PAY ROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay Roll

Full Name (Last, First, Middle Initial) B. Alice James		Transaction ID: 50113.E1271 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 156 F Street SE Apartment 3		Amount of Each Disbursement this Period 3612.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement PAY ROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay Roll

Full Name (Last, First, Middle Initial) C. Alice James		Transaction ID: 50113.E1146 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address 156 F Street SE Apartment 3		Amount of Each Disbursement this Period 6587.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement PAY ROLL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO:Pay Roll

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Bryan Tyson

Mailing Address 1406 Forest Lane SE

City Marietta State GA Zip Code 30067-

Purpose of Disbursement
PAY ROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 50113.E1272

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	4

Amount of Each Disbursement this Period

1925.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO:Pay Roll

B. Full Name (Last, First, Middle Initial)
Bryan Tyson

Mailing Address 1406 Forest Lane SE

City Marietta State GA Zip Code 30067-

Purpose of Disbursement
PAY ROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 50113.E1148

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	4

Amount of Each Disbursement this Period

3492.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO:Pay Roll

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

40637.07

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / 44
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Westmoreland for Congress

Transaction ID: LS0406200420C1804

LOAN SOURCE Full Name (Last, First, Middle Initial) Lynn Westmoreland - Personal Funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Bretts Bend	
City Sharpsburg State GA ZIP Code 30277-	
Original Amount of Loan 130000.00	Cumulative Payment To Date 111000.00
Balance Outstanding at Close of This Period 19000.00	

TERMS

Date Incurred MM DD YY 03 31 2004	Date Due 20051231	Interest Rate .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: []
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)	19000.00
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)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / 44
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Westmoreland for Congress

Transaction ID: LS0804200441C2708

LOAN SOURCE Full Name (Last, First, Middle Initial) Lynn Westmoreland - Personal Funds	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Run-Off 2004
Mailing Address 25 Bretts Bend	
City Sharpsburg State GA ZIP Code 30277-	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 06 Y Y Y Y 2004	20061231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	119000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	