

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Westmoreland for Congress

ADDRESS (number and street) ▼

P.O. Box 458

Check if different than previously reported. (ACC)

Sharpsburg

GA

30277

2. **FEC IDENTIFICATION NUMBER** ▼

C C00387126

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

GA

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Paul Kilgore

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Westmoreland for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	60205.00	63025.00
(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)).....	60205.00	63025.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52456.31	103405.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	1127.00	1127.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51329.31	102278.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	381856.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Westmoreland for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14500.00	17300.00
(ii) Unitemized.....	205.00	225.00
(iii) TOTAL of contributions from individuals ▶	14705.00	17525.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	45500.00	45500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60205.00	63025.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1127.00	1127.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	61332.00	64152.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52456.31	103405.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 .....	40050.00	40400.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	92506.31	143805.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	413031.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61332.00
25. SUBTOTAL (add Line 23 and Line 24).....	474363.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92506.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	381856.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Belair**

Mailing Address 818 Connecticut Ave NW Ste 1100

City Washington State DC Zip Code 20006-2702

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

Name of Employer Arnall Golden Gregory LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9874**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Doyce Boesch**

Mailing Address 4515 W Street NW

City Washington State DC Zip Code 20007

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

Name of Employer Self Employed Occupation Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015

**Transaction ID : 50302.C9861**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Randall Chesnutt**

Mailing Address 7026 Foxwaithe Ln

City Humble State TX Zip Code 77338-1321

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

Name of Employer Improve My Credit USA Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : 50302.C9859**

Amount of Each Receipt this Period  
 Receipt 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Clark**

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Occupation  
Clark Geduldig Cranford Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : 50323.C9873**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Jay Cranford**

Mailing Address 4136 N Richmond St

City State Zip Code  
Arlington VA 22207-4816

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

Name of Employer Occupation  
Clark, Lytle & Geduldig Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : 50323.C9872**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Poarch Band of Creek Indians**

Mailing Address 5811 Jack Springs Rd

City State Zip Code  
Atmore AL 36502-5025

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : 50406.C9896**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christina Diaz-Balart**

Mailing Address 611 Ocean Dr Apt 7F

City Key Biscayne	State FL	Zip Code 33149-2316
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ocean Bank	Occupation Vice President
--------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9871**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Sam Geduldig**

Mailing Address 1519 Pathfinder Ln

City Mc Lean	State VA	Zip Code 22101-3509
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FEC ID number of contributing federal political committee. **C**

Name of Employer Clark Geduldig Cranford	Occupation Partner
---	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9880**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Albert Hegyi**

Mailing Address 245 Park Ave Fl 39

City New York	State NY	Zip Code 10167-4000
------------------	-------------	------------------------

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

Name of Employer 1st Financial Bank USA	Occupation Banker
--	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : 50210.C9858**

Amount of Each Receipt this Period  
2300.00

Receipt

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Albert Hegyi**

Mailing Address 245 Park Ave Fl 39

City State Zip Code  
New York NY 10167-4000

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

Name of Employer Occupation  
1st Financial Bank USA Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : 50210.C9857**

Amount of Each Receipt this Period  
2700.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy Love**

Mailing Address 100 Crabapple Rd

City State Zip Code  
Fayetteville GA 30215-7053

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9893**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**John McCann**

Mailing Address PO Box 80408

City State Zip Code  
Athens GA 30608-0408

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

Name of Employer Occupation  
McCann Aerospace President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : 50323.C9867**

Amount of Each Receipt this Period  
2700.00

Receipt

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

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

5900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tiffany Moore**

Mailing Address 417 Quackenbos St NW

City Washington State DC Zip Code 20011-1307

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : 50323.C9866**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Philip Nielsen**

Mailing Address 10853 Murray Downs Ct

City Reston State VA Zip Code 20194-1443

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

Name of Employer Information Requested Occupation Information Requested  
 Clark Geduldig Cranford Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9869**

Amount of Each Receipt this Period  
 Receipt 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Schwartz**

Mailing Address 1348 Constitution Ave NE

City Washington State DC Zip Code 20002-6467

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

Name of Employer Information Requested Occupation Information Requested  
 Clark Geduldig Cranford Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9868**

Amount of Each Receipt this Period  
 Receipt 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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 Tipton**

Mailing Address 610 Willowcrest Pl

City Kingsport State TN Zip Code 37660-8522

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9895**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

14500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Action Comm. for Rural Electrificat. PAC**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9903**

Amount of Each Receipt this Period  
 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**AFLAC, Inc. PAC**

Mailing Address 1932 Wynnton Rd

City State Zip Code  
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9892**

Amount of Each Receipt this Period  
 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**AFLAC, Inc. PAC**

Mailing Address 1932 Wynnton Rd

City State Zip Code  
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9904**

Amount of Each Receipt this Period  
 2500.00

Receipt

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Rd

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9889**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Rd

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9898**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Bankers Assoc. PAC**

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9901**

Amount of Each Receipt this Period  
 Receipt 2000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Financial Services Assn. PAC**

Mailing Address 919 18th St NW Ste 300

City Washington State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9909**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Hospital Assn. PAC**

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9883**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Medical Assn PAC**

Mailing Address 25 Massachusetts Ave NW Ate 600

City Washington State DC Zip Code 20001-1430

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9899**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Assurant Inc PAC**

Mailing Address 501 W Michigan St

City Milwaukee State WI Zip Code 53203-2706

FEC ID number of contributing federal political committee. **C C00185694**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9907**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Blue Cross Blue Shield Assoc. PAC**

Mailing Address 1310 G St NW Fl 12

City Washington State DC Zip Code 20005-3001

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9882**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Capital One PAC**

Mailing Address 1680 Capital One Dr

City Mc Lean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9908**

Amount of Each Receipt this Period  
 Receipt 2000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Comcast PAC**

Full Name (Last, First, Middle Initial)  
Comcast PAC

Mailing Address 1701 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9886**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B. CSX Corp. Good Govt Fund**

Full Name (Last, First, Middle Initial)  
CSX Corp. Good Govt Fund

Mailing Address 1331 Pennsylvania Ave NW Ste 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9887**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Faegre BD Consulting PAC**

Full Name (Last, First, Middle Initial)  
Faegre BD Consulting PAC

Mailing Address 1050 K St NW Ste 400

City Washington State DC Zip Code 20001-4448

FEC ID number of contributing federal political committee. **C C00386904**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9875**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FMR, LLC PAC**

Mailing Address 82 Devonshire St

City Boston State MA Zip Code 02109-3605

FEC ID number of contributing federal political committee. **C C00380550**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9876**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 4200 Wildwood Parkway  
Attn: Trey Paris

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9888**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Georgia Power Company PAC**

Mailing Address 241 Ralph McGill Blvd NE  
Bin 10230

City Atlanta State GA Zip Code 30308-3374

FEC ID number of contributing federal political committee. **C C00119776**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9906**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Goldman Sachs PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave NW Ste 1000E  
 City Washington State DC Zip Code 20001-2171  
 FEC ID number of contributing federal political committee. **C C00350744**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 50406.C9902**  
 Amount of Each Receipt this Period  
 Receipt 2000.00

**B. Home Depot Inc., PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 F St NW Suite 400  
 City Washington State DC Zip Code 20004-1345  
 FEC ID number of contributing federal political committee. **C C00284885**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 50413.C9911**  
 Amount of Each Receipt this Period  
 Receipt 2500.00

**C. Independent Community Bankers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L St NW Ste 900  
 City Washington State DC Zip Code 20036-5623  
 FEC ID number of contributing federal political committee. **C C00032698**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 50323.C9885**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**InsurPAC**

Mailing Address 412 1st St SE Ste 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9884**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lennox Employee Advocacy Program PAC**

Mailing Address P.O. Box 799900

City Dallas State TX Zip Code 75379

FEC ID number of contributing federal political committee. **C C00116996**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9891**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Natl Air Traffic Controllers Assoc PAC**

Mailing Address 1325 Massachusetts Ave NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9905**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Apartment Association PAC**

Mailing Address 4300 Wilson Blvd Ste 400

City State Zip Code  
Arlington VA 22203-4168

FEC ID number of contributing federal political committee. **C C00113241**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9897**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assn PAC**

Mailing Address 1101 King St Ste 600

City State Zip Code  
Alexandria VA 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : 50309.C9863**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M St NW Ste 540

City State Zip Code  
Washington DC 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9877**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Natl Assoc of Ins & Financial Adv PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2901 Telestar Ct

City Falls Church      State VA      Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50413.C9910**

Amount of Each Receipt this Period  
 1000.00

Receipt

**B. NCPA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Daingerfield Rd

City Alexandria      State VA      Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C C00030809**

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9879**

Amount of Each Receipt this Period  
 500.00

Receipt

**C. Oracle America PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1015 15th St NW Ste 200

City Washington      State DC      Zip Code 20005-2635

FEC ID number of contributing federal political committee. **C C00323048**

Name of Employer      Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 50406.C9894**

Amount of Each Receipt this Period  
 500.00

Receipt

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Publix Super Markets Associates PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 407

City: Lakeland    State: FL    Zip Code: 33802-0407

FEC ID number of contributing federal political committee: **C C00400705**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 17 / 2015

**Transaction ID : 50323.C9878**

Amount of Each Receipt this Period: 500.00

Receipt

**B. Raytheon PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Wilson Blvd Ste 1500

City: Arlington    State: VA    Zip Code: 22209-3900

FEC ID number of contributing federal political committee: **C C00097568**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 31 / 2015

**Transaction ID : 50406.C9900**

Amount of Each Receipt this Period: 1500.00

Receipt

**C. Title Industry PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1828 L St NW Ste 705

City: Washington    State: DC    Zip Code: 20036-5107

FEC ID number of contributing federal political committee: **C C00012914**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 03 / 17 / 2015

**Transaction ID : 50323.C9881**

Amount of Each Receipt this Period: 1000.00

Receipt

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Total Systems Services PAC**

Mailing Address PO Box 1755

City Columbus State GA Zip Code 31902-1755

FEC ID number of contributing federal political committee. **C** C00441980

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : 50309.C9865**

Amount of Each Receipt this Period  
 Receipt 2000.00

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

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

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 50323.C9890**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3500.00

45500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 23 OF 51	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Congressional Institute**

Mailing Address 401 Wythe St

City Alexandria State VA Zip Code 22314-1927

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : 50309.C9864**

Amount of Each Receipt this Period  
 1127.00

Offsets to Operating Expenditu

NOTE: Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1127.00

1127.00

**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)	PAGE 24 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 1516.58
City Atlanta State GA Zip Code 30328-4668	Category/Type	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : 50112.E6422
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:		PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 119.04
City Atlanta State GA Zip Code 30328-4668	Category/Type	
Purpose of Disbursement Payroll Fees	Candidate Name	Transaction ID : 50112.E6430
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:		PAYROLL FEES

Full Name (Last, First, Middle Initial) <b>C. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 72.30
City Atlanta State GA Zip Code 30328-4668	Category/Type	
Purpose of Disbursement Payroll Fees	Candidate Name	Transaction ID : 50130.E6457
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:		PAYROLL FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1707.92
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 164.49
City Atlanta	State GA Zip Code 30328-4668	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : 50210.E6466
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 115.87
City Atlanta	State GA Zip Code 30328-4668	
Purpose of Disbursement Payroll Fees	Candidate Name	Transaction ID : 50210.E6465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PAYROLL FEES

Full Name (Last, First, Middle Initial) <b>c. ADP Easypay Atlanta</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 5680 New Northside Dr NW		Amount of Each Disbursement this Period 164.49
City Atlanta	State GA Zip Code 30328-4668	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : 50309.E6494
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	444.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. ADP Easypay Atlanta**

Full Name (Last, First, Middle Initial)  
Mailing Address 5680 New Northside Dr NW

City Atlanta State GA Zip Code 30328-4668

Purpose of Disbursement Payroll Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2015

Amount of Each Disbursement this Period: 115.87

Transaction ID : 50323.E6514

PAYROLL FEES

**B. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 7.00

Transaction ID : 50112.E6423

CC TRANSACTION FEES

**C. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2015

Amount of Each Disbursement this Period: 7.00

Transaction ID : 50217.E6467

CC TRANSACTION FEES

**SUBTOTAL** of Disbursements This Page (optional) ..... 129.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.00
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement CC Transaction Fees	<b>Transaction ID : 50309.E6496</b>
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 4500.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software	<b>Transaction ID : 50210.E6463</b>
Candidate Name	Category/Type	
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)	SOFTWARE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 351.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	<b>Transaction ID : 50217.E6469</b>
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4858.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 18.50
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	<b>Transaction ID : 50302.E6476</b>
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 22.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	<b>Transaction ID : 50302.E6474</b>
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 15.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	<b>Transaction ID : 50302.E6475</b>
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 18.50 <b>Transaction ID : 50323.E6498</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	CC TRANSACTION FEES
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>B. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 190.00 <b>Transaction ID : 50323.E6500</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	CC TRANSACTION FEES
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>c. Arthur Murphy Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 6 Lagrange St		Amount of Each Disbursement this Period 236.69 <b>Transaction ID : 50130.E6435</b>
City Newnan State GA Zip Code 30263-2604	Purpose of Disbursement Flowers	
Candidate Name	Category/Type	FLOWERS
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	445.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Arthur Murphy Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 6 Lagrange St		Amount of Each Disbursement this Period 195.29
City Newnan	State GA	
Zip Code 30263-2604	Purpose of Disbursement Flowers	Transaction ID : 50302.E6477
Candidate Name	Category/ Type	
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)	FLOWERS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of Coweta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 1218		Amount of Each Disbursement this Period 6757.58
City Newnan	State GA	
Zip Code 30264-1218	Purpose of Disbursement See Below	Transaction ID : 50130.E6436
Candidate Name	Category/ Type	
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)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of Coweta</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 1218		Amount of Each Disbursement this Period 40.00
City Newnan	State GA	
Zip Code 30264-1218	Purpose of Disbursement Credit Card Fees	Transaction ID : 50130.E6437
Candidate Name	Category/ Type	
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)	[MEMO ITEM] MEMO: CREDIT CARD FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6952.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hendricks Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 1305 Old Northern Blvd		Amount of Each Disbursement this Period 509.73
City Roslyn	State NY Zip Code 11576-1624	
Purpose of Disbursement Event Catering	Candidate Name	Transaction ID : 50130.E6439
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period 2073.40
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : 50130.E6444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address US House Of Representatives		Amount of Each Disbursement this Period 108.00
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Gifts	Candidate Name	Transaction ID : 50130.E6445
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: GIFTS

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tavern on 74 Sports Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 288 Highway 74 N		Amount of Each Disbursement this Period 300.00
City Peachtree City	State GA Zip Code 30269-1446	
Purpose of Disbursement Meeting Expense	Category/Type	<b>Transaction ID : 50130.E6446</b>
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)	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 300.21
City Dallas	State TX Zip Code 75266-0108	
Purpose of Disbursement Cell Phone	Category/Type	<b>Transaction ID : 50130.E6447</b>
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)	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Foundry Park Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 295 E Dougherty St		Amount of Each Disbursement this Period 500.00
City Athens	State GA Zip Code 30601-2610	
Purpose of Disbursement Event Facility Rental	Category/Type	<b>Transaction ID : 50130.E6450</b>
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)	<b>[MEMO ITEM]</b> MEMO: EVENT FACILITY RENTAL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Meat N Greet</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 11 Jefferson St		Amount of Each Disbursement this Period 1935.54
City Newnan	State GA	
Zip Code 30263-1911	Purpose of Disbursement Event Catering	[MEMO ITEM] MEMO: EVENT CATERING
Candidate Name	Category/Type	
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>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 275.47
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expense	[MEMO ITEM] MEMO: MEETING EXPENSE
Candidate Name	Category/Type	
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>c. Bank of Coweta</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address PO Box 1218		Amount of Each Disbursement this Period 893.95
City Newnan	State GA	
Zip Code 30264-1218	Purpose of Disbursement See Below	SEE BELOW
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	893.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period -198.80
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Refund	Candidate Name	Transaction ID : 50302.E6479
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: REFUND

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address US House Of Representatives		Amount of Each Disbursement this Period 54.00
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Gifts	Candidate Name	Transaction ID : 50302.E6480
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: GIFTS

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 310.01
City Dallas	State TX Zip Code 75266-0108	
Purpose of Disbursement Cell Phone	Candidate Name	Transaction ID : 50302.E6482
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: CELL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2015</b>
Mailing Address <b>300 1st St SE</b>		Amount of Each Disbursement this Period <b>295.25</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1801</b>
Purpose of Disbursement <b>Meeting Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>50302.E6485</b>	
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)	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2015</b>
Mailing Address <b>400 1st St SE</b>		Amount of Each Disbursement this Period <b>230.61</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1826</b>
Purpose of Disbursement <b>Meeting Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>50302.E6486</b>	
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)	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of Coweta</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2015</b>
Mailing Address <b>PO Box 1218</b>		Amount of Each Disbursement this Period <b>9.00</b>
City <b>Newnan</b>	State <b>GA</b>	Zip Code <b>30264-1218</b>
Purpose of Disbursement <b>Bank Fees</b>	Category/Type	
Candidate Name	Transaction ID : <b>50323.E6513</b>	
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)	<b>BANK FEES</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of Coweta</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address PO Box 1218		Amount of Each Disbursement this Period 9.00
City Newnan	State GA	
Zip Code 30264-1218	Purpose of Disbursement Bank Fees	Transaction ID : 50406.E6521
Candidate Name	Category/Type	
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)	BANK FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 5701 Lindero Canyon Rd # 3		Amount of Each Disbursement this Period 89.95
City Westlake Village	State CA	
Zip Code 91362-4060	Purpose of Disbursement CC Transaction Fees	Transaction ID : 50112.E6424
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 5701 Lindero Canyon Rd # 3		Amount of Each Disbursement this Period 64.90
City Westlake Village	State CA	
Zip Code 91362-4060	Purpose of Disbursement CC Transaction Fees	Transaction ID : 50217.E6468
Candidate Name	Category/Type	
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)	CC TRANSACTION FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 51			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 5701 Lindero Canyon Rd # 3		Amount of Each Disbursement this Period 44.95
City Westlake Village	State CA	Zip Code 91362-4060
Purpose of Disbursement CC Transaction Fees	Category/Type	
Candidate Name	Transaction ID : 50309.E6495	
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brad Bohannon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 21 Brookwood Dr		Amount of Each Disbursement this Period 1635.34
City Newnan	State GA	Zip Code 30263-1565
Purpose of Disbursement Salary	Category/Type	
Candidate Name	Transaction ID : 50112.E6419	
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)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brad Bohannon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 21 Brookwood Dr		Amount of Each Disbursement this Period 457.58
City Newnan	State GA	Zip Code 30263-1565
Purpose of Disbursement Salary	Category/Type	
Candidate Name	Transaction ID : 50217.E6470	
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)	SALARY
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2137.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brad Bohannon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 21 Brookwood Dr		Amount of Each Disbursement this Period 457.58
City Newnan	State GA	
Zip Code 30263-1565	Purpose of Disbursement Salary	Transaction ID : 50309.E6492
Candidate Name	Category/Type	
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)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andy Bush</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 458		Amount of Each Disbursement this Period 460.83
City Sharpsburg	State GA	
Zip Code 30277-0458	Purpose of Disbursement Salary	Transaction ID : 50112.E6420
Candidate Name	Category/Type	
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)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andy Bush</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address PO Box 458		Amount of Each Disbursement this Period 372.45
City Sharpsburg	State GA	
Zip Code 30277-0458	Purpose of Disbursement Mileage	Transaction ID : 50130.E6461
Candidate Name	Category/Type	
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)	MILEAGE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1290.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andy Bush</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address PO Box 458		Amount of Each Disbursement this Period 460.83 <b>Transaction ID : 50217.E6471</b>
City Sharpsburg	State GA	
Zip Code 30277-0458	Purpose of Disbursement Salary	Category/ Type SALARY
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>B. Andy Bush</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address PO Box 458		Amount of Each Disbursement this Period 460.83 <b>Transaction ID : 50309.E6493</b>
City Sharpsburg	State GA	
Zip Code 30277-0458	Purpose of Disbursement Salary	Category/ Type SALARY
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>c. Capitol Strategy Group</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 2814 Spring Rd SE Ste 214		Amount of Each Disbursement this Period 368.12 <b>Transaction ID : 50130.E6432</b>
City Atlanta	State GA	
Zip Code 30339-3046	Purpose of Disbursement See Below	Category/ Type SEE BELOW
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1289.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Georgian Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 100 Galleria Parkway Suite 1700		Amount of Each Disbursement this Period 368.12
City Atlanta	State GA	Zip Code 30339-
Purpose of Disbursement Event Facility Rental	Category/Type	
Candidate Name	Transaction ID : 50130.E6433	
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)	<b>[MEMO ITEM]</b> MEMO: EVENT FACILITY RENTAL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Digital Express Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 2211 Beaver Run Rd		Amount of Each Disbursement this Period 1082.56
City Norcross	State GA	Zip Code 30071-3348
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Transaction ID : 50130.E6434	
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)	PRINTING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bill Dolbow</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 18532 Partlow Rd		Amount of Each Disbursement this Period 1500.00
City Beaverdam	State VA	Zip Code 23015-2069
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name	Transaction ID : 50309.E6489	
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)	FUNDRAISING CONSULTING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2582.56
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Glendale Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 769 Nob Ridge Dr		Amount of Each Disbursement this Period 3000.00
City Marietta	State GA	
Zip Code 30064-5736	Purpose of Disbursement Campaign Strategy Consulting	<b>Transaction ID : 50309.E6490</b>
Candidate Name	Category/ Type	
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)	<b>CAMPAIGN STRATEGY CONSULTING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NuLink Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 2A Jackson St		Amount of Each Disbursement this Period 148.94
City Newnan	State GA	
Zip Code 30263-1929	Purpose of Disbursement Telephone	<b>Transaction ID : 50112.E6425</b>
Candidate Name	Category/ Type	
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)	<b>TELEPHONE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NuLink Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 2A Jackson St		Amount of Each Disbursement this Period 148.94
City Newnan	State GA	
Zip Code 30263-1929	Purpose of Disbursement Telephone	<b>Transaction ID : 50130.E6458</b>
Candidate Name	Category/ Type	
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)	<b>TELEPHONE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3297.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Professional Data Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 2470 Daniels Bridge Rd Ste 121		Amount of Each Disbursement this Period 1513.92
City Athens State GA Zip Code 30606-6191	Purpose of Disbursement Compliance Consulting	Transaction ID : 50112.E6426
Candidate Name	Category/Type	COMPLIANCE CONSULTING
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>B. Professional Data Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 2470 Daniels Bridge Rd Ste 121		Amount of Each Disbursement this Period 1504.80
City Athens State GA Zip Code 30606-6191	Purpose of Disbursement Compliance Consulting	Transaction ID : 50130.E6459
Candidate Name	Category/Type	COMPLIANCE CONSULTING
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>C. Professional Data Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 2470 Daniels Bridge Rd Ste 121		Amount of Each Disbursement this Period 1514.33
City Athens State GA Zip Code 30606-6191	Purpose of Disbursement Compliance.Consulting	Transaction ID : 50302.E6487
Candidate Name	Category/Type	COMPLIANCE CONSULTING
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4533.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Results</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 1925 Sage Ct		Amount of Each Disbursement this Period 217.50
City Columbus	State GA Zip Code 31909-2606	
Purpose of Disbursement Bumper Stickers		Transaction ID : 50210.E6464
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)	BUMPER STICKERS
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Red River Co. LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address PO Box 21027		Amount of Each Disbursement this Period 5000.00
City Washington	State DC Zip Code 20009-	
Purpose of Disbursement Fundraising Consulting		Transaction ID : 50112.E6427
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)	FUNDRAISING CONSULTING
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Squiggly Doodles</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 10 W Washington St		Amount of Each Disbursement this Period 390.00
City Newnan	State GA Zip Code 30263-2011	
Purpose of Disbursement T-Shirts		Transaction ID : 50302.E6472
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)	T-SHIRTS
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5607.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. White Oak Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 1635 Highway 34 E		Amount of Each Disbursement this Period 450.00
City Newnan	State GA	
Zip Code 30265-2173	Purpose of Disbursement Office Rent/Storage	<b>Transaction ID : 50112.E6428</b>
Candidate Name	Category/ Type	
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)	OFFICE RENT/STORAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. White Oak Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1635 Highway 34 E		Amount of Each Disbursement this Period 450.00
City Newnan	State GA	
Zip Code 30265-2173	Purpose of Disbursement Office Rent/Storage	<b>Transaction ID : 50130.E6460</b>
Candidate Name	Category/ Type	
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)	OFFICE RENT/STORAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. White Oak Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1635 Highway 34 E		Amount of Each Disbursement this Period 450.00
City Newnan	State GA	
Zip Code 30265-2173	Purpose of Disbursement Office Rent/Storage	<b>Transaction ID : 50309.E6491</b>
Candidate Name	Category/ Type	
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)	OFFICE RENT/STORAGE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Willis Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 3126 Bransford Rd		Amount of Each Disbursement this Period 4000.00
City Augusta	State GA	
Zip Code 30909-3008	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : 50130.E6456</b>
Candidate Name	Category/ Type	
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Willis Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 3126 Bransford Rd		Amount of Each Disbursement this Period 4000.00
City Augusta	State GA	
Zip Code 30909-3008	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : 50302.E6473</b>
Candidate Name	Category/ Type	
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Willis Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 3126 Bransford Rd		Amount of Each Disbursement this Period 4000.00
City Augusta	State GA	
Zip Code 30909-3008	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : 50327.E6517</b>
Candidate Name	Category/ Type	
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aaron Wright</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 125 Becca Ct		Amount of Each Disbursement this Period 2343.20
City Tyrone	State GA Zip Code 30290-2601	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : 50112.E6421
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:	SALARY

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2343.20
<b>TOTAL</b> This Period (last page this line number only).....	52093.70

**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 47 OF 51			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Bedford School</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015
Mailing Address 5665 Milam Rd		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 50406.E6520</b>
City Fairburn	State GA	
Zip Code 30213-2851	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mike Bost for Congress Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address PO Box 1212		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 50323.E6501</b>
City Murphysboro	State IL	
Zip Code 62966-1212	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name <b>MICHAEL J BOST</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 12	

Full Name (Last, First, Middle Initial) <b>c. Carlos Curbelo Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 8770 SW 72nd St # 355		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 50323.E6502</b>
City Miami	State FL	
Zip Code 33173-3512	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name <b>CARLOS MR. CURBELO</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 51			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bob Dold for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address PO Box 6312		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50323.E6503</b>
City Libertyville	State IL	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>ROBERT JAMES DOLD JR</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 10		

Full Name (Last, First, Middle Initial) <b>B. Hurd For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address PO Box 656		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50323.E6506</b>
City Helotes	State TX	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>WILLIAM HURD</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 23		

Full Name (Last, First, Middle Initial) <b>c. Katko For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 5407 Anvil Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50323.E6507</b>
City Camillus	State NY	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>JOHN M KATKO</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 24		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 51	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Zeldin For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Dr

City Shirley State NY Zip Code 11967-2758

Purpose of Disbursement CONTRIBUTION

Candidate Name **LEE MICHAEL ZELDIN**

Office Sought:  House  Senate  President  
State: NY District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : 50323.E6511

**B. Young For Iowa Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261-0162

Purpose of Disbursement CONTRIBUTION

Candidate Name **DAVID YOUNG**

Office Sought:  House  Senate  President  
State: IA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : 50323.E6510

**c. Friends of Frank Guinta**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 877

City Manchester State CT Zip Code 03105-0877

Purpose of Disbursement CONTRIBUTION

Candidate Name **FRANK GUINTA**

Office Sought:  House  Senate  President  
State: NH District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : 50323.E6504

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

**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 50 OF 51			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cresent Hardy for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2015</b>
Mailing Address <b>1006 Pendleton St</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>50323.E6505</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1837</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>CRESENT HARDY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NV</b> District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>B. McSally for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2015</b>
Mailing Address <b>PO Box 18612</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>50323.E6508</b>
City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85731-8612</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>MARTHA E MCSALLY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AZ</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>c. National Republican Congressional Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2015</b>
Mailing Address <b>320 1st St SE</b>		Amount of Each Disbursement this Period <b>29600.00</b> Transaction ID : <b>50406.E6518</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1838</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>31100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 51
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Westmoreland for Congress**

**A. Poliquin for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S Capitol St SW Ste 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement CONTRIBUTION

Candidate Name **BRUCE L POLIQUIN**

Office Sought:  House  Senate  President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : 50323.E6509

**B. Communities In Schools in Coweta Co**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 W Peachtree St NW Ste 1200

City Atlanta State GA Zip Code 30308-3614

Purpose of Disbursement DONATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 01 / 29 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : 50210.E6462

**c. Valadao for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 504 Van Ness Ave

City Fresno State CA Zip Code 93721-2924

Purpose of Disbursement CONTRIBUTION

Candidate Name **DAVID VALADAO**

Office Sought:  House  Senate  President  
State: CA District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 03 / 17 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : 50323.E6512

**SUBTOTAL** of Disbursements This Page (optional) ..... 2000.00

**TOTAL** This Period (last page this line number only) ..... 40050.00