

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 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: [X] 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 01 01 2009 through 03 31 2009

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 Ann Hand Signature of Treasurer Electronically Filed by Ann Hand Date 04 15 2009

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 FE5AN018 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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	18710.00	24960.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	-1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18710.00	25960.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	41317.80	86214.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	53.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41317.80	86161.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	310843.61	
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

Write or Type Committee Name  
Westmoreland for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	11500.00	17600.00
(i) Itemized (use Schedule A).....	2710.00	2860.00
(ii) Unitemized.....	14210.00	20460.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	4500.00	4500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	18710.00	24960.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	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>	0.00	53.00
<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>	18710.00	25013.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	41317.80	86214.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	12000.00	12000.00
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	-1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	-1000.00
21. OTHER DISBURSEMENTS.....	-5000.00	-1175.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	48317.80	96039.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	340451.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	18710.00
25. SUBTOTAL (add Line 23 and Line 24).....	359161.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48317.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	310843.61

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 36  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2009  
**Transaction ID:** 90414.C6408  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eastman Kodak PAC  
Mailing Address 343 State St

City State Zip Code  
Rochester NY 14650-0001

FEC ID number of contributing federal political committee. C C00297085

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2009  
**Transaction ID:** 90414.C6411  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC  
Mailing Address 2941 Fairview Park Drive #100

City State Zip Code  
Falls Church VA 22042-4523

FEC ID number of contributing federal political committee. C C00078451

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 17 / 2009  
**Transaction ID:** 90414.C6390  
 Amount of Each Receipt this Period 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
National Pro-Life Alliance PAC

Mailing Address 4521 Windsor Arms Ct  
Attn: Steve M. Antosh

City State Zip Code  
Annandale VA 22003-5751

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
General 2008

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90203.C6341

Amount of Each Receipt this Period

500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Textron Inc. PAC

Mailing Address PO Box 878

City State Zip Code  
Providence RI 02901-0878

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 90414.C6389

Amount of Each Receipt this Period

1000.00

Receipt

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

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

1500.00

**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:	PAGE 7 / 36
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia Bowers	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 1205 Stuart Rdg	<b>Transaction ID:</b> 90414.C6374
	City State Zip Code Alpharetta GA 30022-6364	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Homemaker	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Bowers	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 1205 Stuart Rdg	<b>Transaction ID:</b> 90414.C6375
	City State Zip Code Alpharetta GA 30022-6364	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Piedmont Office Realty Trust	Occupation CFO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott Bradshaw	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 251 Smokerise Trce	<b>Transaction ID:</b> 90414.C6371
	City State Zip Code Peachtree City GA 30269-1301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Bradshaw Company	Occupation President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James Collins

Mailing Address 1547 Walker Ave

City State Zip Code  
College Park GA 30337-1544

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 90414.C6372

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Harold Davis

Mailing Address 1249 Bellaire Ln NE

City State Zip Code  
Atlanta GA 30319-5252

FEC ID number of contributing federal political committee. C

Name of Employer Technical Innovation Occupation Principal

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 03 / 2009

**Transaction ID:** 90203.C6342

Amount of Each Receipt this Period 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Clarence Finleyson

Mailing Address 100 N Ole Hickory Trl

City State Zip Code  
Carrollton GA 30117-3509

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 24 / 2009

**Transaction ID:** 90414.C6352

Amount of Each Receipt this Period 1000.00

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

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Hurt	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 2280 48th St NW	<b>Transaction ID:</b> 90414.C6387
	City State Zip Code Washington DC 20007-1035	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Kemp	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address PO Box 1638	<b>Transaction ID:</b> 90414.C6405
	City State Zip Code Columbus GA 31902-1638	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Royal Rents, Inc	Occupation President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Liscinski	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 230 Mary Lynn Ln	<b>Transaction ID:</b> 90414.C6373
	City State Zip Code Fayetteville GA 30214-1158	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lassiter Properties, Inc.	Occupation Forester	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Aaron McWhorter

Mailing Address 1487 Black Dirt Rd

City Whitesburg State GA Zip Code 30185-2723

FEC ID number of contributing federal political committee. C

Name of Employer North Georgia Turf Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 90414.C6410

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Bo Pounds

Mailing Address 59 Old Mountain Rd

City Powder Springs State GA Zip Code 30127-4314

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Ambulance Service

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 90414.C6386

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Phillip Seay

Mailing Address 50 Harbor Vw

City Newnan State GA Zip Code 30263-7009

FEC ID number of contributing federal political committee. C

Name of Employer Seay Brothers Properties Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 90414.C6407

Amount of Each Receipt this Period 500.00

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 1 Mountain Ridge Ct

City State Zip Code  
Columbus GA 31904-1968

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

Name of Employer Occupation  
TSYS Chairman

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 90414.C6370

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4628 Lower Fayetteville Rd

City State Zip Code  
Sharpsburg GA 30277-2147

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

Name of Employer Occupation  
Self Employed Real Estate

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 90414.C6406

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11500.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 90414.E3219  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

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

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

56.70
-------

Purpose of Disbursement  
Payroll Expenses  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL EXPENSES

B.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 90414.E3220  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

127.25
--------

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 90414.E3236  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

91.24
-------

Purpose of Disbursement  
Payroll Expenses  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

275.19
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TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) ADP Easypay Atlanta Mailing Address 5680 New Northside Dr NW City Atlanta State GA Zip Code 30328-4668 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90415.E3270 Date of Disbursement 03 / 02 / 2009
	Amount of Each Disbursement this Period 677.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL TAXES</b>

<b>B.</b> Full Name (Last, First, Middle Initial) ADP Easypay Atlanta Mailing Address 5680 New Northside Dr NW City Atlanta State GA Zip Code 30328-4668 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90415.E3271 Date of Disbursement 03 / 11 / 2009
	Amount of Each Disbursement this Period 91.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL EXPENSES</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90414.E3224 Date of Disbursement 03 / 03 / 2009
	Amount of Each Disbursement this Period 2247.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SOFTWARE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3015.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Transaction Fees  
Candidate Name

Category/  
Type

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

Transaction ID: 90415.E3269  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	9

Amount of Each Disbursement this Period

71.00
-------

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

TRANSACTION FEES

B.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement  
Cell Phone  
Candidate Name

Category/  
Type

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

Transaction ID: 90414.E3191  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	9

Amount of Each Disbursement this Period

111.03
--------

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

CELL PHONE

C.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-4756

Purpose of Disbursement  
Cell Phone  
Candidate Name

Category/  
Type

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

Transaction ID: 90414.E3194  
Date of Disbursement

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

Amount of Each Disbursement this Period

115.71
--------

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

CELL PHONE

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

297.74
--------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3229 <b>Date of Disbursement</b> 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 114.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of Coweta</p> <p>Mailing Address PO Box 1218</p> <p>City Newnan State GA Zip Code 30264-1218</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3186 <b>Date of Disbursement</b> 01 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 4234.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of Coweta</p> <p>Mailing Address PO Box 1218</p> <p>City Newnan State GA Zip Code 30264-1218</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3213 <b>Date of Disbursement</b> 01 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 97.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: BANK FEES</p>

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

4349.04

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 90414.E3216 Date of Disbursement 01 / 03 / 2009
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103	Amount of Each Disbursement this Period 26.95
	City Phoenix State AZ Zip Code 85027-1368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting	<b>[MEMO ITEM]</b> MEMO: WEB HOSTING
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90414.E3206 Date of Disbursement 01 / 03 / 2009
	Mailing Address Hartsfield Intl Airport	Amount of Each Disbursement this Period 199.00
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Fogo de Chao Churrascaria	Transaction ID: 90414.E3210 Date of Disbursement 01 / 03 / 2009
	Mailing Address 1101 Pennsylvania Ave NW	Amount of Each Disbursement this Period 143.91
	City Washington State DC Zip Code 20004-2514	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Transaction ID: 90414.E3212  
Date of Disbursement

Mailing Address US House Of Representatives

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

City Washington State DC Zip Code 20515-0001

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Gifts

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: GIFTS

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Intercontinental Hotel

Transaction ID: 90414.E3204  
Date of Disbursement

Mailing Address 3 Ravinia Dr Ste 100

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

City Atlanta State GA Zip Code 30346-2121

Amount of Each Disbursement this Period

1324.99
---------

Purpose of Disbursement  
Travel Expenses

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSES

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Maggianos

Transaction ID: 90414.E3215  
Date of Disbursement

Mailing Address 4400 Ashford Dunwoody Rd NE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

City Atlanta State GA Zip Code 30346-1518

Amount of Each Disbursement this Period

303.03
--------

Purpose of Disbursement  
Meeting Expense

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

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

State: District:

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2200 Germantown Rd City Delray Beach State FL Zip Code 33445-8223 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3207 Date of Disbursement 01 / 03 / 2009 Amount of Each Disbursement this Period 75.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) The Palm Restaurant Mailing Address 3391 Peachtree Rd NE City Atlanta State GA Zip Code 30326-1083 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3203 Date of Disbursement 01 / 03 / 2009 Amount of Each Disbursement this Period 133.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
C.	Full Name (Last, First, Middle Initial) Shell Oil Mailing Address PO Box 2463 City Houston State TX Zip Code 77252-2463 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3209 Date of Disbursement 01 / 03 / 2009 Amount of Each Disbursement this Period 60.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 90414.E3205 Date of Disbursement 01 / 03 / 2009
	Mailing Address 227 Market Place Connector	Amount of Each Disbursement this Period 303.18
	City Peachtree City State GA Zip Code 30269-3542	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: 90414.E3211 Date of Disbursement 01 / 03 / 2009
	Mailing Address Washington	Amount of Each Disbursement this Period 199.74
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: 90414.E3208 Date of Disbursement 01 / 03 / 2009
	Mailing Address 55 Glenlake Pkwy NE	Amount of Each Disbursement this Period 25.31
	City Atlanta State GA Zip Code 30328-3474	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	<b>[MEMO ITEM]</b> MEMO: SHIPPING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address 6545 Highway 54

City State Zip Code  
Sharpsburg GA 30277-6909

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3214  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	9	

Amount of Each Disbursement this Period

432.88
--------

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

**[MEMO ITEM]**  
MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)  
Bank of Coweta

Mailing Address PO Box 1218

City State Zip Code  
Newnan GA 30264-1218

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3228  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	9	

Amount of Each Disbursement this Period

6000.00
---------

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address 5565 Glenridge Connector NE

City State Zip Code  
Atlanta GA 30342-4756

Purpose of Disbursement  
Cell Phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3239  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	9	

Amount of Each Disbursement this Period

211.97
--------

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

**[MEMO ITEM]**  
MEMO: CELL PHONE

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

6000.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Atlanta Cellular Services</p> <p>Mailing Address 3636 Dallas Hwy SW Ste 302</p> <p>City Marietta State GA Zip Code 30064-5918</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3244 <b>Date of Disbursement</b> 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 137.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of Coweta</p> <p>Mailing Address PO Box 1218</p> <p>City Newnan State GA Zip Code 30264-1218</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3245 <b>Date of Disbursement</b> 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: BANK FEES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 7601 Penn Ave S</p> <p>City Minneapolis State MN Zip Code 55423-3645</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3253 <b>Date of Disbursement</b> 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 401.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Clear Registered Traveler	Transaction ID: 90414.E3255 Date of Disbursement 03 / 03 / 2009
	Mailing Address PO Box 421639	Amount of Each Disbursement this Period 358.00
	City Palm Coast State FL Zip Code 32142-1639	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 90414.E3248 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103	Amount of Each Disbursement this Period 53.90
	City Phoenix State AZ Zip Code 85027-1368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: WEB HOSTING
	Purpose of Disbursement Web Hosting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90414.E3252 Date of Disbursement 03 / 03 / 2009
	Mailing Address Hartsfield Intl Airport	Amount of Each Disbursement this Period 74.59
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Exxon Moblie	Transaction ID: 90414.E3241 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1057 West Ave SW	Amount of Each Disbursement this Period 64.52
	City Conyers State GA Zip Code 30012-5243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Home Depot	Transaction ID: 90414.E3251 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1100 Bullsboro Dr.	Amount of Each Disbursement this Period 100.00
	City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) House Gift Shop	Transaction ID: 90414.E3240 Date of Disbursement 03 / 03 / 2009
	Mailing Address US House Of Representatives	Amount of Each Disbursement this Period 130.00
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gifts	<b>[MEMO ITEM]</b> MEMO: GIFTS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Longhorn Steakhouse

Mailing Address 1856 Jonesboro Rd

City McDonough State GA Zip Code 30253-5960

Purpose of Disbursement  
Meeting Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E3243  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Amount of Each Disbursement this Period

268.34
--------

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

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

B.

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

Mailing Address 2200 Germantown Rd

City Delray Beach State FL Zip Code 33445-8223

Purpose of Disbursement  
Office Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E3256  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Amount of Each Disbursement this Period

47.45
-------

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

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Ruths Chris

Mailing Address 2231 Crystal Dr Lbby 11

City Arlington State VA Zip Code 22202-3729

Purpose of Disbursement  
Meeting Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E3242  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Amount of Each Disbursement this Period

2245.26
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Shell Oil  Mailing Address PO Box 2463  City Houston State TX Zip Code 77252-2463  Purpose of Disbursement Travel Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3249 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 71.33  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
B.	Full Name (Last, First, Middle Initial) Sprayberrys BBQ  Mailing Address 229 Jackson St  City Newnan State GA Zip Code 30263-1156  Purpose of Disbursement Meeting Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3238 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 341.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
C.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 227 Market Place Connector  City Peachtree City State GA Zip Code 30269-3542  Purpose of Disbursement Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3254 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 231.07  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<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)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Target	Transaction ID: 90414.E3250 Date of Disbursement
	Mailing Address 555 Bullsboro Dr	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Newnan State GA Zip Code 30265-	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="100.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ticketmaster	Transaction ID: 90414.E3246 Date of Disbursement
	Mailing Address 370 Bullsboro Dr	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Raymond State GA Zip Code 30263-1069	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Ticket	<input type="text" value="478.30"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: EVENT TICKET
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 90414.E3247 Date of Disbursement
	Mailing Address 6545 Highway 54	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Sharpsburg State GA Zip Code 30277-6909	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="148.42"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 90414.E3198 Date of Disbursement 02 / 09 / 2009
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 90414.E3226 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Charles Bush	Transaction ID: 90414.E3221 Date of Disbursement 01 / 31 / 2009
	Mailing Address PO Box 458	Amount of Each Disbursement this Period 455.49
	City Sharpsburg State GA Zip Code 30277-0458	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SALARY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3455.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E3202  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)  
Donatelli Avella

Mailing Address PO Box 25784

City Alexandria State VA Zip Code 22313-5784

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90122.E3171  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

PRINTING

C.

Full Name (Last, First, Middle Initial)  
Laura Dunaway

Mailing Address 3126 Bransford Road

City Augusta State GA Zip Code 30909-

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E3190  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

REIMBURSEMENT FOR MILEAGE

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 90414.E3188 Date of Disbursement 01 / 03 / 2009
	Mailing Address 30 S Court Sq	Amount of Each Disbursement this Period 115.02
	City Newnan State GA Zip Code 30263-2049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 90414.E3196 Date of Disbursement 02 / 09 / 2009
	Mailing Address 30 S Court Sq	Amount of Each Disbursement this Period 115.02
	City Newnan State GA Zip Code 30263-2049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chip Lake	Transaction ID: 90414.E3222 Date of Disbursement 01 / 31 / 2009
	Mailing Address 769 Nob Ridge Dr	Amount of Each Disbursement this Period 230.87
	City Marietta State GA Zip Code 30064-5736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>460.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
McKenna, Long & Aldridge

Transaction ID: 90414.E3225  
Date of Disbursement

Mailing Address 303 Peachtree St

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Atlanta State GA Zip Code 30308-3201

Amount of Each Disbursement this Period

2880.00
---------

Purpose of Disbursement  
Legal Fees

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

LEGAL FEES

State: District:

B.

Full Name (Last, First, Middle Initial)  
Jonathan Porter

Transaction ID: 90414.E3223  
Date of Disbursement

Mailing Address 200 9th St NE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	9

City Washington State DC Zip Code 20002-6110

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Research

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

RESEARCH

State: District:

C.

Full Name (Last, First, Middle Initial)  
Premier Mail Company

Transaction ID: 90414.E3185  
Date of Disbursement

Mailing Address PO Box 27048

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	9

City Raleigh State NC Zip Code 27611-7048

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Direct Marketing

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

DIRECT MARKETING

State: District:

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

4880.00
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Professional Data Services

Mailing Address 264 N Lumpkin St # 202

City Athens State GA Zip Code 30601-2742

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90122.E3170

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00
---------

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

COMPLIANCE CONSULTING

B.

Full Name (Last, First, Middle Initial)  
Professional Data Services

Mailing Address 264 N Lumpkin St # 202

City Athens State GA Zip Code 30601-2742

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	9

Amount of Each Disbursement this Period

1500.00
---------

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

COMPLIANCE CONSULTING

C.

Full Name (Last, First, Middle Initial)  
SCM Associates, Inc.

Mailing Address P.O. Box 720

City Jaffrey State NH Zip Code 03452-0720

Purpose of Disbursement  
Direct Mail

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3260

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	9

Amount of Each Disbursement this Period

2966.25
---------

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

DIRECT MAIL

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

5966.25
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address 6545 Highway 54

City State Zip Code  
Sharpsburg GA 30277-6909

Purpose of Disbursement  
Note: Voided Check

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3232  
Date of Disbursement

01 / 01 / 2009

Amount of Each Disbursement this Period

-18.00

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

NOTE: VOIDED CHECK

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address P.O. Box 660108

City State Zip Code  
Dallas TX 75266-0108

Purpose of Disbursement  
Cell Phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3187  
Date of Disbursement

01 / 03 / 2009

Amount of Each Disbursement this Period

76.28

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

CELL PHONE

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address P.O. Box 660108

City State Zip Code  
Dallas TX 75266-0108

Purpose of Disbursement  
Cell Phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E3197  
Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

126.07

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

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

184.35

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3201 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 140.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) Willis Consulting Mailing Address 3126 Bransford Rd City Augusta State GA Zip Code 30909-3008 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3189 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Willis Consulting Mailing Address 3126 Bransford Rd City Augusta State GA Zip Code 30909-3008 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E3199 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING

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

4140.90

**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 34 / 36

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

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

Transaction ID: 90414.E3227

Date of Disbursement

Mailing Address 3126 Bransford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Augusta State GA Zip Code 30909-3008

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

41467.12
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 36

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
National Republican Congressional Comm.

Transaction ID: 90414.E3193

Date of Disbursement

Mailing Address 320 1st St SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

12000.00
----------

Purpose of Disbursement  
Transfer of Excess Campaign Funds

--

Category/  
Type

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

Candidate Name  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

12000.00
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TOTAL This Period (last page this line number only) .....

12000.00
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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paul Broun Committee</p> <p>Mailing Address PO Box 1512</p> <p>City Athens State GA Zip Code 30603-1512</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PAUL COLLINS BROUN, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E3192</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Duke University</p> <p>Mailing Address Main Campus</p> <p>City Durham State NC Zip Code 27708-0001</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General</p>	<p><b>Transaction ID:</b> 90414.E3259</p> <p>Date of Disbursement 03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tedisco for Congress</p> <p>Mailing Address 1707 Route 9</p> <p>City Clifton Park State NY Zip Code 12065-3116</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JAMES TEDISCO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Election</p>	<p><b>Transaction ID:</b> 90414.E3195</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

-3000.00

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

-3000.00