

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

Committee to Elect John Stone

ADDRESS (number and street) PO Box 2444

Check if different than previously reported. (ACC)

Augusta GA 30903 2444

2. **FEC IDENTIFICATION NUMBER** C00444422

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

GA 12

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 11 04 2008 in the State of GA

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

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

Election on in the State of

5. Covering Period 04 01 2008 through 06 25 2008

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 Winston Hogan

Signature of Treasurer Electronically Filed by Winston Hogan Date 10 14 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect John Stone

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
2	5

Y	Y	Y	Y
2	0	0	8

	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)).....	66794.74	128457.98
(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)).....	66794.74	128457.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	76651.84	94844.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76651.84	94844.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50481.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	17016.36	

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
Committee to Elect John Stone

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
2	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

49914.26

101765.94

(ii) Unitemized.....

7904.60

15215.16

(iii) TOTAL of contributions

57818.86

116981.10

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

8975.88

11475.88

(d) The Candidate.....

0.00

1.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

66794.74

128457.98

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

0.00

0.00

13. LOANS

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

0.00

17016.36

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

17016.36

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

102.00

102.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

66896.74

145576.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76651.84	94844.70
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.....	0.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76651.84	95094.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	60236.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	66896.74
25. SUBTOTAL (add Line 23 and Line 24).....	127133.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76651.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50481.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 81

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
D. Wayne Akins, Jr.

Mailing Address PO Box 2828

City Statesboro State GA Zip Code 30459-2828

FEC ID number of contributing federal political committee. C

Name of Employer Sea Island Bank Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A-C514

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Michael Raybon Anderson

Mailing Address PO Box 1447

City Statesboro State GA Zip Code 30459-1447

FEC ID number of contributing federal political committee. C

Name of Employer Bulloch Fertilizer Company Occupation Agribusiness

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2008

Transaction ID: A-C477

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Raybon Anderson

Mailing Address PO Box 1447

City Statesboro State GA Zip Code 30459-1447

FEC ID number of contributing federal political committee. C

Name of Employer Bulloch Fertilizer Company Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2008

Transaction ID: A-C462

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

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 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Jeff C. Annis
Mailing Address 3773 Boulder Trail

City Augusta State GA Zip Code 30907-5124

FEC ID number of contributing federal political committee. C

Name of Employer: Advanced Services, Inc. Occupation: Pest Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt: 04 / 08 / 2008
Transaction ID: A-C234
 Amount of Each Receipt this Period: 750.00

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

B. Full Name (Last, First, Middle Initial)
Leon L Aronson
Mailing Address PO Box 996

City Savannah State GA Zip Code 31402-0996

FEC ID number of contributing federal political committee. C

Name of Employer: retired Occupation: Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 06 / 25 / 2008
Transaction ID: A-C547
 Amount of Each Receipt this Period: 100.00

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

C. Full Name (Last, First, Middle Initial)
David A. Ball
Mailing Address 2001 Westside Road

City Statesboro State GA Zip Code 30458-8663

FEC ID number of contributing federal political committee. C

Name of Employer: Ball Properties Occupation: Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 09 / 2008
Transaction ID: A-C343
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) 1850.00

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 7 / 81
(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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) David M Barbee</p> <p>Mailing Address 2813 Lombardy Court</p> <p>City State Zip Code Augusta GA 30909-3901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: HRP Nursing Services Occupation: CFO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2284.80</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-I252</p> <p>Amount of Each Receipt this Period 661.70</p> <p>Inkind: Camcorder</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) David M Barbee</p> <p>Mailing Address 2813 Lombardy Court</p> <p>City State Zip Code Augusta GA 30909-3901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: HRP Nursing Services Occupation: CFO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2284.80</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-I430</p> <p>Amount of Each Receipt this Period 127.02</p> <p>Inkind: Office Supplies</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) David M Barbee</p> <p>Mailing Address 2813 Lombardy Court</p> <p>City State Zip Code Augusta GA 30909-3901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: HRP Nursing Services Occupation: CFO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2284.80</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-I407</p> <p>Amount of Each Receipt this Period 44.40</p> <p>Inkind: Gas</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	8												

SUBTOTAL of Receipts This Page (optional)	833.12
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 8 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Jason W Barlow

Mailing Address 313 Spanton Crescent

City Pooler State GA Zip Code 31322-9621

FEC ID number of contributing federal political committee. C

Name of Employer Travis Barlow Occupation VP/Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2008

Transaction ID: A-C482

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Tammy Beatty

Mailing Address 5405 Manteo Inlet

City Norcross State GA Zip Code 30092-1133

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 04 / 2008

Transaction ID: A-C237

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
David P Beaubien

Mailing Address 1213 Plantation Circle

City Statesboro State GA Zip Code 30458-8694

FEC ID number of contributing federal political committee. C

Name of Employer Park Avenue Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2008

Transaction ID: A-C470

Amount of Each Receipt this Period 250.00

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)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 81
(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial) Edward A Bensman		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 7113 Lakeside Woods Drive		Transaction ID: A-C548
City Indianapolis	State IN	Zip Code 46278-1661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Firestone Building Products	Occupation National Technical Coordinator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Braye C. Boardman		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address PO Box 2404		Transaction ID: A-C326
City Augusta	State GA	Zip Code 30903-2404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Beacon Blue, LLC	Occupation Real Estate Developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Grier C. Bovard		Date of Receipt MM / DD / YYYY 05 / 12 / 2008
Mailing Address 2918 Lake Forest Drive		Transaction ID: A-C339
City Augusta	State GA	Zip Code 30909-3026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Augusta Iron and Steel Works	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Joe Bowles</p> <p>Mailing Address 1114 Glenn Avenue</p> <p>City State Zip Code Augusta GA 30904-4614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TMW Global CFO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt 06 / 24 / 2008</p> <p>Transaction ID: A-C501</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Deneb S. Causey</p> <p>Mailing Address 416 S Rushing Street</p> <p>City State Zip Code Glennville GA 30427-1853</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Teacher</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt 06 / 06 / 2008</p> <p>Transaction ID: A-C441</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Remer D. Clifton</p> <p>Mailing Address PO Box 882</p> <p>City State Zip Code Statesboro GA 30459-0882</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Clifton Forestry and Appraisals Forester-R/E Appraiser</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt 06 / 04 / 2008</p> <p>Transaction ID: A-C476</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Ellison Cook

Mailing Address 121 E 45th Street

City Savannah State GA Zip Code 31405-2114

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

Name of Employer Northup Real Estate Co., LLC Occupation Real Estate Broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 04 / 08 / 2008
Transaction ID: A-C238
 Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Earl Dabbs

Mailing Address PO Box 1670

City Statesboro State GA Zip Code 30459-1670

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

Name of Employer self Occupation CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 06 / 09 / 2008
Transaction ID: A-C460
 Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
W.S Dasher

Mailing Address PO Box 60

City Springfield State GA Zip Code 31329-0060

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

Name of Employer Dasher Insurance Agency Occupation owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 04 / 25 / 2008
Transaction ID: A-C253
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 81
(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
F. Thomas David

Mailing Address 106 Towhee Trail

City Statesboro State GA Zip Code 30458-8667

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

Name of Employer First Southern Bank Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2008

Transaction ID: A-C469

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
E.D. Deloach

Mailing Address 12 Kolb Drive

City Savannah State GA Zip Code 31406-3225

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

Name of Employer self Occupation surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2008

Transaction ID: A-C344

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Mark H Elliott

Mailing Address 304 Sting Ray Court

City Guyton State GA Zip Code 31312-6591

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

Name of Employer Equipment Rental Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2008

Transaction ID: A-C484

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Bo Fennell

Mailing Address 313 Dogwood Trail

City Statesboro State GA Zip Code 30461-4253

FEC ID number of contributing federal political committee. C

Name of Employer 1st. Southern Nat. Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2008

Transaction ID: A-C467

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Don Flanders

Mailing Address 243 Arden Drive

City Swainsboro State GA Zip Code 30401-5536

FEC ID number of contributing federal political committee. C

Name of Employer Handi-Houses Mfg. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2008

Transaction ID: A-C278

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
William Force, Jr.

Mailing Address 3519 Wheeler Road

City Augusta State GA Zip Code 30909-6516

FEC ID number of contributing federal political committee. C

Name of Employer Meybohm Realtors Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2008

Transaction ID: A-C337

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 850.00

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

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
William Force, Jr.
Mailing Address 3519 Wheeler Road
City Augusta State GA Zip Code 30909-6516
FEC ID number of contributing federal political committee. C
Name of Employer Meybohm Realtors Occupation Realtor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 06 / 03 / 2008
Transaction ID: A-C431
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Chris Giblin
Mailing Address 1304 Chancel Place
City Alexandria State VA Zip Code 22314-4707
FEC ID number of contributing federal political committee. C
Name of Employer Ogilvy Government Relations Occupation Senior Vice President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 04 / 2008
Transaction ID: A-C436
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John W. Grant, Jr.
Mailing Address 640 W Charlton Street
City Milledgeville State GA Zip Code 31061-2303
FEC ID number of contributing federal political committee. C
Name of Employer J. C. Grant Co. Occupation Jeweler
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 12 / 2008
Transaction ID: A-C449
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 450.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Don A. Grantham

Mailing Address 808 Quail Court

City Augusta State GA Zip Code 30909-2722

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

Name of Employer Forest Sales Corp Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt: 05 / 01 / 2008
Transaction ID: A-C292
 Amount of Each Receipt this Period: 10.00

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

B. Full Name (Last, First, Middle Initial)
Don A. Grantham

Mailing Address 808 Quail Court

City Augusta State GA Zip Code 30909-2722

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

Name of Employer Forest Sales Corp Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt: 05 / 01 / 2008
Transaction ID: A-C293
 Amount of Each Receipt this Period: 200.00

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

C. Full Name (Last, First, Middle Initial)
John Ray Hendley

Mailing Address 21 Greenbriar Apts

City Statesboro State GA Zip Code 30458-6072

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

Name of Employer self Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 10 / 2008
Transaction ID: A-C461
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **460.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

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

Mailing Address PO Box 727

City Statesboro State GA Zip Code 30459-0727

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

Name of Employer Dabbs, Hickman, Hill & Cannon Occupation CPA

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Date of Receipt: 06 / 16 / 2008

Transaction ID: A-C468

Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Michael Hoffman

Mailing Address 221 E 64th Street

City Savannah State GA Zip Code 31405-5304

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

Name of Employer Wachovia Securities Occupation Stock Broker

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Date of Receipt: 06 / 23 / 2008

Transaction ID: A-C480

Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Arthur Howard

Mailing Address 316 Wendwood Drive

City Statesboro State GA Zip Code 30458-5019

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

Name of Employer Howard Lumber Co. Occupation President

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Date of Receipt: 06 / 09 / 2008

Transaction ID: A-C472

Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Evan S Howell

Mailing Address PO Box 55753

City State Zip Code
Houston TX 77255-5753

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

Name of Employer Self Occupation
Real Estate Broker and engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: A-C428

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Wilfred C. Hunt

Mailing Address 2337 Ruby Drive

City State Zip Code
Augusta GA 30906-3047

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

Name of Employer retired Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 22 / 2008

Transaction ID: A-C459

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Harvey Imberg

Mailing Address 155 Oakcrest Drive

City State Zip Code
Sharpsburg GA 30277-1920

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

Name of Employer Self-employed Occupation
Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: A-C289

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional) ► **1510.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Harvey Imberg
Mailing Address 155 Oakcrest Drive
City State Zip Code
Sharpsburg GA 30277-1920
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-employed Realtor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 8
Transaction ID: A-C290
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Duncan N Johnson
Mailing Address PO Box 2126
City State Zip Code
Augusta GA 30903-2126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Johnson Motor Company Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8
Transaction ID: A-C275
Amount of Each Receipt this Period
1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Duncan N Johnson
Mailing Address PO Box 2126
City State Zip Code
Augusta GA 30903-2126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Johnson Motor Company Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8
Transaction ID: A-C276
Amount of Each Receipt this Period
700.00
 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: PAGE 19 / 81
(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)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Alan Kagen

Mailing Address 9 Cobham Draw

City Pooler State GA Zip Code 31322-9637

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

Name of Employer Nixon & VanDerhye Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2008
Transaction ID: A-C483
Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Phil Kent

Mailing Address PO Box 450708

City Atlanta State GA Zip Code 31145-0708

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

Name of Employer Phil Kent Consulting Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2008
Transaction ID: A-C437
Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
David T. Kindred

Mailing Address 804 Robin Drive

City Pooler State GA Zip Code 31322-1703

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

Name of Employer momentum resources Occupation business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2008
Transaction ID: A-C479
Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Harry King

Mailing Address 4400 Turners Rock Road

City Savannah State GA Zip Code 31410-3622

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt 06 / 25 / 2008
Transaction ID: A-C504

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 329 Spanton Crescent

City Pooler State GA Zip Code 31322-9621

FEC ID number of contributing federal political committee. C

Name of Employer lanyard development Occupation real estate developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 06 / 23 / 2008
Transaction ID: A-C481

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Benjamin J Lee

Mailing Address 1807 Glencoe Drive

City Lynn Haven State FL Zip Code 32444-4079

FEC ID number of contributing federal political committee. C

Name of Employer Breland Company Occupation Projects Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 06 / 07 / 2008
Transaction ID: A-C466

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Stan Lee

Mailing Address 107 Towhee Trail

City Statesboro State GA Zip Code 30458-8628

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

Name of Employer Westside Vet. Hospital Occupation Veterinarian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: A-C471
 Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Glenn LeMunyon

Mailing Address 1210 Suffield Drive

City Mc Lean State VA Zip Code 22101-2347

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

Name of Employer LeMunyon Group Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: A-C620
 Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Robert M Letcher

Mailing Address 315 E Charlton Street

City Savannah State GA Zip Code 31401-4607

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

Name of Employer self Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 24 / 2008
Transaction ID: A-C489
 Amount of Each Receipt this Period: 2000.00

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
Harry Martin

Mailing Address 1304 Wes Lawson Road

City State Zip Code
Kite GA 31049-6334

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

Name of Employer L & M Farms Occupation farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A-C413

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
Harry Martin

Mailing Address 1304 Wes Lawson Road

City State Zip Code
Kite GA 31049-6334

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

Name of Employer L & M Farms Occupation farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: A-C495

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Charles J Maxwell

Mailing Address 2008 W Hampton Pointe Drive

City State Zip Code
Statesboro GA 30458-8649

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

Name of Employer Reddick & Associates Occupation Architect

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: A-C463

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **620.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Christine Merchant

Mailing Address 7440 Woodland Drive

City Indianapolis State IN Zip Code 46278-1720

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 20 / 2008

Transaction ID: A-C371

Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
E.G. Meybohm

Mailing Address 815 Milledge Road

City Augusta State GA Zip Code 30904-4351

FEC ID number of contributing federal political committee. C

Name of Employer Meybohm Realty Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1866.64

Date of Receipt 04 / 01 / 2008

Transaction ID: A-I315

Amount of Each Receipt this Period 288.88

Inkind: Office Space

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

C. Full Name (Last, First, Middle Initial)
E.G. Meybohm

Mailing Address 815 Milledge Road

City Augusta State GA Zip Code 30904-4351

FEC ID number of contributing federal political committee. C

Name of Employer Meybohm Realty Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1866.64

Date of Receipt 05 / 01 / 2008

Transaction ID: A-I316

Amount of Each Receipt this Period 288.88

Inkind: Office Space

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

SUBTOTAL of Receipts This Page (optional) 2877.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 81
(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)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
E.G. Meybohm

Mailing Address 815 Milledge Road

City Augusta State GA Zip Code 30904-4351

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

Name of Employer Meybohm Realty Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1866.64

Date of Receipt 06 / 01 / 2008

Transaction ID: A-I415

Amount of Each Receipt this Period 288.88

Inkind: Office Space

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

B. Full Name (Last, First, Middle Initial)
Ed Nelson

Mailing Address PO Box 9

City Glennville State GA Zip Code 30427-0009

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

Name of Employer Rotary Corporation Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008

Transaction ID: A-C345

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Donald P Nesmith

Mailing Address 325 Dogwood Trail

City Statesboro State GA Zip Code 30461-4253

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

Name of Employer Nesmith Construction Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2008

Transaction ID: A-C465

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1538.88**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 81
(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)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Ricky Nessmith
Mailing Address 750 Isaac Akins Road
City Statesboro State GA Zip Code 30458-5701
FEC ID number of contributing federal political committee. **C**
Name of Employer Farmers and Merchants Bank Occupation Banker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt MM / DD / YYYY
06 / 20 / 2008
Transaction ID: A-C520
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jimmy G Nevil
Mailing Address 48 Burkhalter Road
City Statesboro State GA Zip Code 30458-3810
FEC ID number of contributing federal political committee. **C**
Name of Employer Bulloch County Occupation County Commissioner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt MM / DD / YYYY
06 / 05 / 2008
Transaction ID: A-C475
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
C.P. Olliff, Jr.
Mailing Address PO Box 63
City Statesboro State GA Zip Code 30459-0063
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt MM / DD / YYYY
06 / 11 / 2008
Transaction ID: A-C464
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 750.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 81

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
John Paletta

Mailing Address 125 Post House Trail

City Pooler State GA Zip Code 31322-9624

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

Name of Employer
GA Institute for Plastic Sur

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
06 / 23 / 2008

Transaction ID: A-C485

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Tommy Pennington

Mailing Address 1814 Lumpkin Road

City Augusta State GA Zip Code 30906-3509

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

Name of Employer
Pennington Power

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
810.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2008

Transaction ID: A-I556

Amount of Each Receipt this Period

810.00

Inkind: Wood for Signs

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

C.

Full Name (Last, First, Middle Initial)
Dent W. Purcell

Mailing Address 410 Willowpeg Way

City Rincon State GA Zip Code 31326-9157

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

Name of Employer
Radiation Therapy Associate-PC

Occupation
physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2008

Transaction ID: A-C409

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1560.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Patricia J. Redmond
Mailing Address PO Box 430
City Springfield State GA Zip Code 31329-0430
FEC ID number of contributing federal political committee. C

Date of Receipt 06 / 12 / 2008
Transaction ID: A-C445
Amount of Each Receipt this Period 500.00

Name of Employer Shiloh Farms, Inc. Occupation Farmer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

B. Full Name (Last, First, Middle Initial)
Allen C. Rice
Mailing Address PO Box 447
City Vidalia State GA Zip Code 30475-0447
FEC ID number of contributing federal political committee. C

Date of Receipt 05 / 29 / 2008
Transaction ID: A-C411
Amount of Each Receipt this Period 1000.00

Name of Employer Savannah Luggage Works Occupation Executive/Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

C. Full Name (Last, First, Middle Initial)
Russell Rosengart
Mailing Address 701 Oglethorpe Trace
City Statesboro State GA Zip Code 30458-8203
FEC ID number of contributing federal political committee. C

Date of Receipt 06 / 19 / 2008
Transaction ID: A-I651
Amount of Each Receipt this Period 373.00

Name of Employer Self Occupation Business Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 373.00

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

SUBTOTAL of Receipts This Page (optional) 1873.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81
(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
Larry E. Sconyers

Mailing Address 2250 Sconyers Way

City Augusta State GA Zip Code 30906-3400

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

Name of Employer Sconyers Restaurant Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1787.50

Date of Receipt 05 / 01 / 2008

Transaction ID: A-I408

Amount of Each Receipt this Period 1787.50

Inkind: catering

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

B.

Full Name (Last, First, Middle Initial)
LeRoy H. Simkins, Jr.

Mailing Address 7 Indian Creek Road

City Augusta State GA Zip Code 30909-3748

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

Name of Employer Simkins Land Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2008

Transaction ID: A-C277

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Mark V Smith

Mailing Address 509 Whitaker Street

City Savannah State GA Zip Code 31401-4830

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

Name of Employer Mulberry Inn Occupation owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A-C496

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3287.50**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 81

(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
George Snelling, III

Mailing Address 610 Brae Burn Drive

City State Zip Code
Martinez GA 30907-9128

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: A-C274

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Donna Y. Stephenson

Mailing Address PO Box 43326

City State Zip Code
Atlanta GA 30336-0326

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

Name of Employer Occupation
self homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt

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

Transaction ID: A-C331

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
Donna Y. Stephenson

Mailing Address PO Box 43326

City State Zip Code
Atlanta GA 30336-0326

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

Name of Employer Occupation
self homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt

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

Transaction ID: A-C332

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
James E. Stephenson
Mailing Address PO Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt: 05 / 05 / 2008
Transaction ID: A-C329
 Amount of Each Receipt this Period: 2300.00

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

B. Full Name (Last, First, Middle Initial)
James E. Stephenson
Mailing Address PO Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt: 05 / 05 / 2008
Transaction ID: A-C330
 Amount of Each Receipt this Period: 2300.00

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

C. Full Name (Last, First, Middle Initial)
Deborah Stone
Mailing Address 4228 Match Point Drive

City Augusta State GA Zip Code 30909-2761

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

Name of Employer Brandon Wilde Occupation Human Resources

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1704.00

Date of Receipt: 06 / 19 / 2008
Transaction ID: A-I555
 Amount of Each Receipt this Period: 1704.00

Inkind: Billboard

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

SUBTOTAL of Receipts This Page (optional) ► **6304.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81
(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial) L.C. Strange		Date of Receipt MM / DD / YYYY 05 / 07 / 2008
Mailing Address 4085 Oak Park Highway		Transaction ID: A-C342
City Lyons	State GA	Zip Code 30436-3460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) L.C. Strange		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 4085 Oak Park Highway		Transaction ID: A-C498
City Lyons	State GA	Zip Code 30436-3460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Joseph P Stubbs		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 102 Pine Needle Court		Transaction ID: A-C523
City Statesboro	State GA	Zip Code 30458-9120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stubbs Oil Co., Inc.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Jan B Tankersley
Mailing Address PO Box 187
City Brooklet State GA Zip Code 30415-0187
FEC ID number of contributing federal political committee. **C**
Name of Employer Bulloch County BOC Occupation Commissioner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 19 / 2008
Transaction ID: A-C474
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hugh M. Tarbutton
Mailing Address PO Box 269
City Sandersville State GA Zip Code 31082-0269
FEC ID number of contributing federal political committee. **C**
Name of Employer Tarbutton Brothers Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 04 / 22 / 2008
Transaction ID: A-C279
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dan R Taulbee
Mailing Address 109 Oakleaf Drive
City Statesboro State GA Zip Code 30458-6041
FEC ID number of contributing federal political committee. **C**
Name of Employer Franklin, Taulbee, Russian Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 22 / 2008
Transaction ID: A-C524
Amount of Each Receipt this Period 250.00
 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) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Henry C Terwilliger

Mailing Address PO Box 692

City Swainsboro State GA Zip Code 30401-0692

FEC ID number of contributing federal political committee. C

Name of Employer Terwilliger'sAutoServiceInc. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2008

Transaction ID: A-C412

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Loretha J. Thiele

Mailing Address 1139 E Mccarty Street

City Sandersville State GA Zip Code 31082-4784

FEC ID number of contributing federal political committee. C

Name of Employer Thiele Kaolin Co. Occupation Co-Owner.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2008

Transaction ID: A-C280

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Mark Trammell

Mailing Address 175 Village Lake Drive

City Pooler State GA Zip Code 31322-2147

FEC ID number of contributing federal political committee. C

Name of Employer Dixie Motor Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt 06 / 23 / 2008

Transaction ID: A-C478

Amount of Each Receipt this Period 500.00

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: PAGE 34 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Mark Tramell
 Mailing Address 175 Village Lake Drive
 City Pooler State GA Zip Code 31322-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dixie Motor Occupation Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1150.00
 Date of Receipt 06 / 23 / 2008
Transaction ID: A-I652
 Amount of Each Receipt this Period 650.00
 Inkind: catering and invitations
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
T. Barrett Trotter
 Mailing Address 13 Bristlecone Way
 City Augusta State GA Zip Code 30909-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer T. Barrett Trotter, DMD, PC Occupation Orthodontist
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt 04 / 16 / 2008
Transaction ID: A-C239
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Patricia J Vanhooser
 Mailing Address 448 Atomic Road
 City North Augusta State SC Zip Code 29841-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Services Occupation manager
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
 Date of Receipt 05 / 01 / 2008
Transaction ID: A-C304
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 81
	(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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
William H. Wiggins

Mailing Address PO Box 28

City Sandersville State GA Zip Code 31082-0028

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2008

Transaction ID: A-C503

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Carey Williams

Mailing Address PO Box 149

City Greensboro State GA Zip Code 30642-0149

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

Name of Employer The Herald Journa. Occupation Editor/ Publisher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2008

Transaction ID: A-C335

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	49914.26

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

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

FOR LINE NUMBER: PAGE 36 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Acton Pac
Mailing Address PO Box 442
City State Zip Code
Sharpsburg GA 30277-0442
FEC ID number of contributing federal political committee. **C** C00411579
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 06 / 06 / 2008
Transaction ID: A-C561
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AED PAC
Mailing Address 121 N Henry Street
City State Zip Code
Alexandria VA 22314-2903
FEC ID number of contributing federal political committee. **C** C00010124
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1175.88
Date of Receipt: 05 / 16 / 2008
Transaction ID: A-I487
Amount of Each Receipt this Period: 175.88
Inkind: Catering Lunch
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AED PAC
Mailing Address 121 N Henry Street
City State Zip Code
Alexandria VA 22314-2903
FEC ID number of contributing federal political committee. **C** C00010124
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1175.88
Date of Receipt: 06 / 11 / 2008
Transaction ID: A-C486
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2175.88**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial)
Committee To Elect Bob Smith

Mailing Address PO Box 108

City State Zip Code
Watkinsville GA 30677-0003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	8

Transaction ID: A-C566

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
Freedom Project; The

Mailing Address 424 C Street NE
Basement UNIT

City State Zip Code
Washington DC 20002-5818

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: A-C560

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Voice For Freedom

Mailing Address 2814 Spring Road SE
Suite 103

City State Zip Code
Atlanta GA 30339-3047

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	8

Transaction ID: A-C562

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6800.00**

TOTAL This Period (last page this line number only) ► **8975.88**

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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
At&t

Mailing Address PO Box 105262

City Atlanta State GA Zip Code 30348-5262

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-378
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

339.02

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

B.

Full Name (Last, First, Middle Initial)
At&t

Mailing Address PO Box 105262

City Atlanta State GA Zip Code 30348-5262

Purpose of Disbursement
telephone service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-405
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

491.99

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

C.

Full Name (Last, First, Middle Initial)
At&t

Mailing Address PO Box 105262

City Atlanta State GA Zip Code 30348-5262

Purpose of Disbursement
Administrative/Salary/Overhead: phones

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-531
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

533.97

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

SUBTOTAL of Disbursements This Page (optional) ▶

1364.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Augusta Shrine Club</p> <p>Mailing Address 1826 Phinizy Road</p> <p>City Augusta State GA Zip Code 30906-5144</p> <p>Purpose of Disbursement Fundraising: Event Rental Space</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-392</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Records Managing System</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-376</p> <p>Date of Disbursement 04 / 06 / 2008</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>C. Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement computer software</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-534</p> <p>Date of Disbursement 06 / 09 / 2008</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) ▶

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)

<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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Dan Cook Associates Mailing Address 1253 Greene Street City Augusta State GA Zip Code 30901-2127 Purpose of Disbursement lapel stickers, bumper sticker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-380 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 1601.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Dan Cook Associates Mailing Address 1253 Greene Street City Augusta State GA Zip Code 30901-2127 Purpose of Disbursement Fundraising: balloons and t-shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-404 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 607.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Franklin's Printing Mailing Address 3822 Commercial Court City Martinez State GA Zip Code 30907-0693 Purpose of Disbursement Advertising: Pushcards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 201.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2410.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Georgia Eagle Broadcasting</p> <p>Mailing Address 1350 Radio Loop</p> <p>City Warner Robins State GA Zip Code 31088-3626</p> <p>Purpose of Disbursement Advertising: Radio Spots Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-381 Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 280.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Georgia Republican Party</p> <p>Mailing Address PO Box 550008</p> <p>City Atlanta State GA Zip Code 30355-2508</p> <p>Purpose of Disbursement Filing Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-389 Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 4956.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Suite 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082-6277</p> <p>Purpose of Disbursement Advertising: Mailers Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-379 Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1875.00</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) ▶

7111.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A. Full Name (Last, First, Middle Initial) National Mail Service of CSRA <hr/> Mailing Address 3925 Roberts Road <hr/> City Martinez State GA Zip Code 30907-2546 <hr/> Purpose of Disbursement Advertising: Mailhouse Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-382 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 4720.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 004
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) National Mail Service of CSRA <hr/> Mailing Address 3925 Roberts Road <hr/> City Martinez State GA Zip Code 30907-2546 <hr/> Purpose of Disbursement Fundraising: Mailhouse Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 959.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) National Mail Service of CSRA <hr/> Mailing Address 3925 Roberts Road <hr/> City Martinez State GA Zip Code 30907-2546 <hr/> Purpose of Disbursement Fundraising: Mailhouse Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 6371.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	12051.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
National Mail Service of CSRA

Mailing Address 3925 Roberts Road

City State Zip Code
Martinez GA 30907-2546

Purpose of Disbursement
Advertising: Mailhouse
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-426

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

1498.00

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

B.

Full Name (Last, First, Middle Initial)
National Mail Service of CSRA

Mailing Address 3925 Roberts Road

City State Zip Code
Martinez GA 30907-2546

Purpose of Disbursement
Fundraising: mailhouse
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-530

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

749.00

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

C.

Full Name (Last, First, Middle Initial)
National Mail Service of CSRA

Mailing Address 3925 Roberts Road

City State Zip Code
Martinez GA 30907-2546

Purpose of Disbursement
Fundraising: mailhouse
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-542

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

176.09

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

SUBTOTAL of Disbursements This Page (optional) ▶

2423.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Other: credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-526 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement transaction fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-618 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 6.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-527 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	11.05
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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-360 Date of Disbursement
	Mailing Address PO Box 45950	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative/Salary/Overhead: fee Candidate Name	<input type="text" value="4.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-354 Date of Disbursement
	Mailing Address PO Box 45950	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card PIN purchase Candidate Name	<input type="text" value="14.41"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-645 Date of Disbursement
	Mailing Address PO Box 45950	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative/Salary/Overhead: copies Candidate Name	<input type="text" value="14.41"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="33.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-646</p> <p>Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-641</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 76.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-642</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 40.17</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) ▶

191.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-639 Date of Disbursement 04 / 27 / 2008 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-640 Date of Disbursement 04 / 27 / 2008 Amount of Each Disbursement this Period 71.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-636 Date of Disbursement 04 / 28 / 2008 Amount of Each Disbursement this Period 4.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

86.48

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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-637 Date of Disbursement 04 / 28 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 75.00
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/ Type

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-638 Date of Disbursement 04 / 28 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 48.17
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/ Type

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-635 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 9.53
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	132.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Administrative/Salary/Overhead: fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-647 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 1.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-633 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 44.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-634 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	120.66
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-631 Date of Disbursement 05 / 06 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 12.45
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-632 Date of Disbursement 05 / 06 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 75.00
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-630 Date of Disbursement 05 / 09 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 75.00
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional)	162.45
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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-629</p> <p>Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 68.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-627</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-628</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 15.17</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) ▶

158.58

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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-626</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 14.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-624</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-625</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 83.00</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) ▶

172.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-623 Date of Disbursement																			
	Mailing Address PO Box 45950	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	0	8												
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel: gas	<table border="1"><tr><td>75.00</td></tr></table>	75.00																		
75.00																					
	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:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: 002																			

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-619 Date of Disbursement																			
	Mailing Address PO Box 45950	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period																			
	Purpose of Disbursement transaction fee	<table border="1"><tr><td>7.55</td></tr></table>	7.55																		
7.55																					
	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:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: 001																			

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-621 Date of Disbursement																			
	Mailing Address PO Box 45950	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
	City Omaha State NE Zip Code 68145-0950	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel: food	<table border="1"><tr><td>15.00</td></tr></table>	15.00																		
15.00																					
	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:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: 002																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>97.55</td></tr></table>	97.55
97.55		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-622 Date of Disbursement 05 / 30 / 2008 Amount of Each Disbursement this Period 3.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-605 Date of Disbursement 06 / 01 / 2008 Amount of Each Disbursement this Period 8.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-607 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 3.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

14.52

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement transaction fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-615 Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement transaction fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-616 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement transaction fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-617 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 7.55</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) ▶

15.75

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-588</p> <p>Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 82.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-589</p> <p>Date of Disbursement 06 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 43.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: lodging</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-602</p> <p>Date of Disbursement 06 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 56.49</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) ▶

181.64

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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-608 Date of Disbursement 06 / 08 / 2008 Amount of Each Disbursement this Period 4.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-590 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 64.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-591 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 66.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

134.62

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-592 Date of Disbursement 06 / 11 / 2008 Amount of Each Disbursement this Period 74.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-593 Date of Disbursement 06 / 11 / 2008 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-603 Date of Disbursement 06 / 11 / 2008 Amount of Each Disbursement this Period 76.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	225.35
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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-609</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-610</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 4.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-594</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 74.56</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) ▶

81.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-595</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: lodging</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-604</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 192.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement Travel: food</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-611</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 5.93</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) ▶

273.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-612 Date of Disbursement 06 / 15 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 20.37
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-613 Date of Disbursement 06 / 15 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 24.82
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: B-E-564 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 23.50
	City Omaha State NE Zip Code 68145-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: credit card transaction fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

SUBTOTAL of Disbursements This Page (optional)	68.69
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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Other: credit card transaction fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-563 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-596 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 90.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement Travel: food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-614 Date of Disbursement 06 / 25 / 2008 Amount of Each Disbursement this Period 9.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

103.05

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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) PC Signs	Transaction ID: B-E-375 Date of Disbursement
	Mailing Address 2534 Commerce Boulevard	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Cincinnati State OH Zip Code 45241-1504	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising: yard signs Candidate Name	<input type="text" value="7575.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="004"/>

B.	Full Name (Last, First, Middle Initial) Phoenix Commercial Printers	Transaction ID: B-E-422 Date of Disbursement
	Mailing Address 1026 Fenwick Street	<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Augusta State GA Zip Code 30901-2804	Amount of Each Disbursement this Period
	Purpose of Disbursement letterhead and envelopes Candidate Name	<input type="text" value="2726.31"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Phoenix Commercial Printers	Transaction ID: B-E-425 Date of Disbursement
	Mailing Address 1026 Fenwick Street	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Augusta State GA Zip Code 30901-2804	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising: business cards Candidate Name	<input type="text" value="90.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <input type="text" value="004"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10392.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Sconyers Bar-B-Que</p> <p>Mailing Address 2250 Sconyers Way</p> <p>City Augusta State GA Zip Code 30906-3400</p> <p>Purpose of Disbursement Fundraising: Catering</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-394</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1765.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sconyers Bar-B-Que</p> <p>Mailing Address 2250 Sconyers Way</p> <p>City Augusta State GA Zip Code 30906-3400</p> <p>Purpose of Disbursement Fundraising: Gratuity</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-403</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Signs Of Augusta</p> <p>Mailing Address 116 Commercial Boulevard Suite A</p> <p>City Augusta State GA Zip Code 30907-1913</p> <p>Purpose of Disbursement Advertising: magnetic car signs</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-399</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 73.93</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) ▶

2189.43

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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Signs Unlimited</p> <p>Mailing Address 618 S Magnolia Avenue</p> <p>City Ocala State FL Zip Code 34471-0976</p> <p>Purpose of Disbursement Advertising: signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-543 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 492.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Southeastern Marketing</p> <p>Mailing Address 4573 Cox Road</p> <p>City Evans State GA Zip Code 30809-3448</p> <p>Purpose of Disbursement Advertising: Radio Ads Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-372 Date of Disbursement 04 / 01 / 2008</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>C. Full Name (Last, First, Middle Initial) Southeastern Marketing</p> <p>Mailing Address 4573 Cox Road</p> <p>City Evans State GA Zip Code 30809-3448</p> <p>Purpose of Disbursement Advertising: Radio Ads Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-383 Date of Disbursement 04 / 11 / 2008</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) ▶

2492.90

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)

<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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Southeastern Marketing</p> <p>Mailing Address 4573 Cox Road</p> <p>City Evans State GA Zip Code 30809-3448</p> <p>Purpose of Disbursement Advertising: Radio Spots Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-418 Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Southern Printing and Marketing Services</p> <p>Mailing Address 2600 Lakeland Drive</p> <p>City Flowood State MS Zip Code 39232-8823</p> <p>Purpose of Disbursement Advertising: 4 X 4 Signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-402 Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 4375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Southern Printing and Marketing Services</p> <p>Mailing Address 2600 Lakeland Drive</p> <p>City Flowood State MS Zip Code 39232-8823</p> <p>Purpose of Disbursement Advertising: signs Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-537 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 413.23</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) ▶

6788.23

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
The Washington Political

Transaction ID: B-E-538
Date of Disbursement

Mailing Address PO Box 67

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

City Lilburn State GA Zip Code 30048-0067

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Polling Expense
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
David M Barbee

Transaction ID: B-I-252
Date of Disbursement

Mailing Address 2813 Lombardy Court

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City Augusta State GA Zip Code 30909-3901

Amount of Each Disbursement this Period

661.70

Purpose of Disbursement
Inkind: Camcorder
Candidate Name

--

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
David M Barbee

Transaction ID: B-I-430
Date of Disbursement

Mailing Address 2813 Lombardy Court

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

City Augusta State GA Zip Code 30909-3901

Amount of Each Disbursement this Period

127.02

Purpose of Disbursement
Inkind: Office Supplies
Candidate Name

--

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1288.72

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)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
David M Barbee

Transaction ID: B-E-390
Date of Disbursement

Mailing Address 2813 Lombardy Court

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Augusta State GA Zip Code 30909-3901

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Fundraising: Event Expenditures
Candidate Name

003

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
David M Barbee

Transaction ID: B-E-391
Date of Disbursement

Mailing Address 2813 Lombardy Court

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

City Augusta State GA Zip Code 30909-3901

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Fundraising: Helium Tank
Candidate Name

003

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
David M Barbee

Transaction ID: B-I-407
Date of Disbursement

Mailing Address 2813 Lombardy Court

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

City Augusta State GA Zip Code 30909-3901

Amount of Each Disbursement this Period

44.40

Purpose of Disbursement
Inkind: Gas
Candidate Name

--

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

594.40

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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-374</p> <p>Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-384</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement Reimbursement for Rental Space</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-387</p> <p>Date of Disbursement 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</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) ▶

1400.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-395</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement Fundraising Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-421</p> <p>Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement Fundraising Consultant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-532</p> <p>Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</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)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Beth Blalock</p> <p>Mailing Address 3508 Spyglass Court</p> <p>City Augusta State GA Zip Code 30907-9542</p> <p>Purpose of Disbursement Fundraising Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-535</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Matthew L DeLoach</p> <p>Mailing Address 23 Somerset Townhouses</p> <p>City Statesboro State GA Zip Code 30458-6070</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Gas</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-416</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 73.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Matthew L DeLoach</p> <p>Mailing Address 23 Somerset Townhouses</p> <p>City Statesboro State GA Zip Code 30458-6070</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-417</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 546.74</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) ►

1219.74

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)
Committee to Elect John Stone

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matthew L Deloach</p> <hr/> <p>Mailing Address 23 Somerset Townhouses</p> <hr/> <p>City Statesboro State GA Zip Code 30458-6070</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-423</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="546.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matthew L Deloach</p> <hr/> <p>Mailing Address 23 Somerset Townhouses</p> <hr/> <p>City Statesboro State GA Zip Code 30458-6070</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="546.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Matthew L Deloach</p> <hr/> <p>Mailing Address 23 Somerset Townhouses</p> <hr/> <p>City Statesboro State GA Zip Code 30458-6070</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-528</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1361.50"/></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)	<input type="text" value="2454.98"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

A.

Full Name (Last, First, Middle Initial)
Matthew L Deloach

Transaction ID: B-E-529
Date of Disbursement

Mailing Address 23 Somerset Townhouses

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

City Statesboro State GA Zip Code 30458-6070

Amount of Each Disbursement this Period

2251.84

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Matthew L Deloach

Transaction ID: B-E-579
Date of Disbursement

Mailing Address 23 Somerset Townhouses

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

City Statesboro State GA Zip Code 30458-6070

Amount of Each Disbursement this Period

2251.84

Purpose of Disbursement
Administrative/Salary/Overhead: payroll
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
E.G. Meybohm

Transaction ID: B-I-315
Date of Disbursement

Mailing Address 815 Milledge Road

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

City Augusta State GA Zip Code 30904-4351

Amount of Each Disbursement this Period

288.88

Purpose of Disbursement
Inkind: Office Space
Candidate Name

--

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

4792.56

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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) E.G. Meybohm</p> <p>Mailing Address 815 Milledge Road</p> <p>City Augusta State GA Zip Code 30904-4351</p> <p>Purpose of Disbursement Inkind: Office Space</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-316</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 288.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) E.G. Meybohm</p> <p>Mailing Address 815 Milledge Road</p> <p>City Augusta State GA Zip Code 30904-4351</p> <p>Purpose of Disbursement Inkind: Office Space</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-415</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 288.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Susan Nakatani</p> <p>Mailing Address 4410 Elk Grove Trail</p> <p>City Augusta State GA Zip Code 30906-9217</p> <p>Purpose of Disbursement Reimbursement for Invitations,</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-373</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 93.69</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)	671.45
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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Susan Nakatani	Transaction ID: B-E-385 Date of Disbursement 04 / 21 / 2008
	Mailing Address 4410 Elk Grove Trail	Amount of Each Disbursement this Period 572.91
	City Augusta State GA Zip Code 30906-9217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Susan Nakatani	Transaction ID: B-E-388 Date of Disbursement 04 / 24 / 2008
	Mailing Address 4410 Elk Grove Trail	Amount of Each Disbursement this Period 152.37
	City Augusta State GA Zip Code 30906-9217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office expenses, travel expens Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Susan Nakatani	Transaction ID: B-E-397 Date of Disbursement 05 / 02 / 2008
	Mailing Address 4410 Elk Grove Trail	Amount of Each Disbursement this Period 572.91
	City Augusta State GA Zip Code 30906-9217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1298.19
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)
Committee to Elect John Stone

A.

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

Mailing Address 4410 Elk Grove Trail

City Augusta State GA Zip Code 30906-9217

Purpose of Disbursement
Reimbursement for Travel and O

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-419
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

335.83

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

B.

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

Mailing Address 4410 Elk Grove Trail

City Augusta State GA Zip Code 30906-9217

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-420
Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

572.91

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

C.

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

Mailing Address 4410 Elk Grove Trail

City Augusta State GA Zip Code 30906-9217

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-1200
Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

572.91

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

SUBTOTAL of Disbursements This Page (optional) ▶

1481.65

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)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Susan Nakatani</p> <p>Mailing Address 4410 Elk Grove Trail</p> <p>City Augusta State GA Zip Code 30906-9217</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-578 Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 572.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Susan Nakatani</p> <p>Mailing Address 4410 Elk Grove Trail</p> <p>City Augusta State GA Zip Code 30906-9217</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-1201 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 572.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Susan Nakatani</p> <p>Mailing Address 4410 Elk Grove Trail</p> <p>City Augusta State GA Zip Code 30906-9217</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: payroll Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-536 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 572.91</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) ▶

1718.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

<p>A. Full Name (Last, First, Middle Initial) Tommy Pennington</p> <p>Mailing Address 1814 Lumpkin Road</p> <p>City Augusta State GA Zip Code 30906-3509</p> <p>Purpose of Disbursement Inkind: Wood for Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-556 Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 810.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Russell Rosengart</p> <p>Mailing Address 701 Oglethorpe Trace</p> <p>City Statesboro State GA Zip Code 30458-8203</p> <p>Purpose of Disbursement Inkind: catering</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-651 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 373.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Larry E. Sconyers</p> <p>Mailing Address 2250 Sconyers Way</p> <p>City Augusta State GA Zip Code 30906-3400</p> <p>Purpose of Disbursement Inkind: catering</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-408 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1787.50</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) ►

2970.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 79 / 81

<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)
Committee to Elect John Stone

A.	Full Name (Last, First, Middle Initial) Deborah Stone	Transaction ID: B-I-555 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8	
	Mailing Address 4228 Match Point Drive		Amount of Each Disbursement this Period 1704.00
	City Augusta State GA Zip Code 30909-2761		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Inkind: Billboard Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Mark Tramell	Transaction ID: B-I-652 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8	
	Mailing Address 175 Village Lake Drive		Amount of Each Disbursement this Period 650.00
	City Pooler State GA Zip Code 31322-2147		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Inkind: catering and invitations Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2354.00
TOTAL This Period (last page this line number only)	76033.91

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

Transaction ID: SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial)
John E Stone, (Personal Funds) - [PERSONAL FU-
NDS]

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address PO Box 2444

City Augusta State GA ZIP Code 30903-2444

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4685.66	0.00	4685.66

TERMS

Date Incurred: M M 03 D D 31 Y Y Y Y 2008
Date Due: None
Interest Rate: 0 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	4685.66
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 81 / 81
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Committee to Elect John Stone

Transaction ID: SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial) John E Stone, (Personal Funds) - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2008
Mailing Address PO Box 2444	
City Augusta State GA ZIP Code 30903-2444	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12330.70	0.00	12330.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	12330.70
TOTALS This Period (last page in this line only)	17016.36

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