

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 458
 Check if different than previously reported. (ACC)
Sharpsburg GA 30277

2. **FEC IDENTIFICATION NUMBER** C00387126
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
GA 03

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

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

5. Covering Period 11 25 2008 through 12 31 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 Ann Hand

Signature of Treasurer Electronically Filed by Ann Hand Date 01 27 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	6250.00	6250.00
(b) Total Contribution Refunds (from Line 20(d)).....	-1000.00	-1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7250.00	7250.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37796.42	44896.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	53.00	53.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37743.42	44843.42
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	340451.41	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Westmoreland for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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).....	6100.00	6100.00
(ii) Unitemized.....	150.00	150.00
(iii) TOTAL of contributions from individuals..... ▶	6250.00	6250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	6250.00	6250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	53.00	53.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6303.00	6303.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37796.42	44896.42
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).....	-1000.00	-1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	-1000.00	-1000.00
21. OTHER DISBURSEMENTS.....	2825.00	3825.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39621.42	47721.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	373769.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6303.00
25. SUBTOTAL (add Line 23 and Line 24).....	380072.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39621.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	340451.41

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Curtis Stringer

Mailing Address 32 Mill Trce

City State Zip Code
Carrollton GA 30116-5812

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: 81211.C6338

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Sherrie Stringer

Mailing Address 32 Mill Trce

City State Zip Code
Carrollton GA 30116-5812

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: 81211.C6337

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address PO Box 3006

City State Zip Code
Wilson NC 27895-3006

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81211.C6336

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 5600.00

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 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

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

Mailing Address 250 Arbor Springs Plantation Dr.

City	State	Zip Code
Newnan	GA	30265-4114

FEC ID number of contributing federal political committee. C

Name of Employer Dan Zavada & Co.	Occupation CEO
--------------------------------------	-------------------

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 81211.C6335

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	6100.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 81211.E3095 Date of Disbursement 11 / 25 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 103.83
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSES

B.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 90122.E3173 Date of Disbursement 12 / 03 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 1489.87
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 90122.E3174 Date of Disbursement 12 / 10 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 93.33
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSES

SUBTOTAL of Disbursements This Page (optional)	▶	1687.03
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

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

Transaction ID: 90122.E3175
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

1106.83

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/ Type

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

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

PAYROLL TAXES

B.

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

Transaction ID: 90122.E3182
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

91.24

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/ Type

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

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

PAYROLL EXPENSES

C.

Full Name (Last, First, Middle Initial)
Arthur Murphy Florist

Transaction ID: 90122.E3162
Date of Disbursement

Mailing Address 6 Lagrange St

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

City Newnan State GA Zip Code 30263-2604

Amount of Each Disbursement this Period

183.10

Purpose of Disbursement
Flowers
Candidate Name

Category/ Type

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

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

FLOWERS

SUBTOTAL of Disbursements This Page (optional)

1381.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 90122.E3161 Date of Disbursement 12 / 13 / 2008
	Mailing Address 5565 Glenridge Connector NE	Amount of Each Disbursement this Period 116.96
	City Atlanta State GA Zip Code 30342-4756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone	CELL PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 81210.E3085 Date of Disbursement 12 / 02 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 9979.66
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below	SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Affordable Catering	Transaction ID: 90105.E3151 Date of Disbursement 12 / 02 / 2008
	Mailing Address 3317 Peach Orchard Rd	Amount of Each Disbursement this Period 863.00
	City Augusta State GA Zip Code 30906-4876	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Catering	[MEMO ITEM] MEMO: EVENT CATERING
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10096.62
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) BJ's Wholesale Club <hr/> Mailing Address 331 Bullsboro Dr <hr/> City Newnan State GA Zip Code 30263-5841 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3143 Date of Disbursement 12 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 277.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Bank of Coweta <hr/> Mailing Address PO Box 1218 <hr/> City Newnan State GA Zip Code 30264-1218 <hr/> Purpose of Disbursement Member Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3096 Date of Disbursement 12 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 68.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEMBER FEE
C.	Full Name (Last, First, Middle Initial) Capital Grille <hr/> Mailing Address 601 Pennsylvania Avenue, NW. <hr/> City Washington State DC Zip Code 20004- <hr/> Purpose of Disbursement Meeting Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3155 Date of Disbursement 12 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 410.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 90105.E3152
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103	Date of Disbursement 12 / 02 / 2008
	City Phoenix State AZ Zip Code 85027-1368	Amount of Each Disbursement this Period 26.95
	Purpose of Disbursement Web Hosting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: WEB HOSTING

B.	Full Name (Last, First, Middle Initial) Exxon Moblie	Transaction ID: 90105.E3149
	Mailing Address 1057 West Ave SW	Date of Disbursement 12 / 02 / 2008
	City Conyers State GA Zip Code 30012-5243	Amount of Each Disbursement this Period 87.57
	Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSES

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 90105.E3146
	Mailing Address 262 Robert C Daniels Jr Pkwy	Date of Disbursement 12 / 02 / 2008
	City Augusta State GA Zip Code 30909-	Amount of Each Disbursement this Period 49.40
	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: SHIPPING

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) House Gift Shop	Transaction ID: 90105.E3141 Date of Disbursement 12 / 02 / 2008
	Mailing Address US House Of Representatives	Amount of Each Disbursement this Period 2751.92
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SOUVENIRS
	Purpose of Disbursement Souvenirs Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Marriott Hotels	Transaction ID: 90105.E3145 Date of Disbursement 12 / 02 / 2008
	Mailing Address 265 Peachtree Center Ave NE	Amount of Each Disbursement this Period 190.97
	City Atlanta State GA Zip Code 30303-1208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 90105.E3097 Date of Disbursement 12 / 02 / 2008
	Mailing Address 4221 Washington Rd	Amount of Each Disbursement this Period 22.51
	City Evans State GA Zip Code 30809-3069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address PO Box 2463 City Houston State TX Zip Code 77252-2463 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90105.E3150 Date of Disbursement 12 / 02 / 2008
	Amount of Each Disbursement this Period 34.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES

B. Full Name (Last, First, Middle Initial) Sprayberrys BBQ Mailing Address 229 Jackson St City Newnan State GA Zip Code 30263-1156 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90105.E3139 Date of Disbursement 12 / 02 / 2008
	Amount of Each Disbursement this Period 52.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE

C. Full Name (Last, First, Middle Initial) Staples Mailing Address 227 Market Place Connector City Peachtree City State GA Zip Code 30269-3542 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 90105.E3142 Date of Disbursement 12 / 02 / 2008
	Amount of Each Disbursement this Period 433.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: 90105.E3138 Date of Disbursement 12 / 02 / 2008
	Mailing Address 55 Glenlake Pkwy NE	Amount of Each Disbursement this Period 260.76
	City Atlanta State GA Zip Code 30328-3474	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SHIPPING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 90105.E3147 Date of Disbursement 12 / 02 / 2008
	Mailing Address 6545 Highway 54	Amount of Each Disbursement this Period 91.90
	City Sharpsburg State GA Zip Code 30277-6909	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: POSTAGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The Venetian	Transaction ID: 90105.E3153 Date of Disbursement 12 / 02 / 2008
	Mailing Address 3355 Las Vegas Blvd S	Amount of Each Disbursement this Period 358.48
	City Las Vegas State NV Zip Code 89109-8941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Venucci

Mailing Address 129 Main St

City Lagrange State GA Zip Code 30240-3217

Purpose of Disbursement
Meeting Expense
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90105.E3140
Date of Disbursement

1 2 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

432.59

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

[MEMO ITEM]

MEMO: MEETING EXPENSE

B.

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

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement
Cell Phone
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90105.E3148
Date of Disbursement

1 2 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

374.62

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

[MEMO ITEM]

MEMO: CELL PHONE

C.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-2416

Purpose of Disbursement
Fundraising Consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81210.E3091
Date of Disbursement

1 2 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period

1020.88

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

FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

1020.88

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Reimbursement for Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81210.E3081 Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 489.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT FOR MILEAGE</p>
<p>B. Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90122.E3177 Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1717.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p>C. Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90122.E3180 Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>

SUBTOTAL of Disbursements This Page (optional)	2668.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Wes Bruer

Transaction ID: 81210.E3082
Date of Disbursement

Mailing Address 2933 Lynda Ln

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

City Columbus State GA Zip Code 31906-1337

Amount of Each Disbursement this Period

475.84

Purpose of Disbursement
Reimbursement for Mileage

Category/ Type

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

Candidate Name

REIMBURSEMENT FOR MILEAGE

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Wes Bruer

Transaction ID: 90122.E3178
Date of Disbursement

Mailing Address 2933 Lynda Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	8

City Columbus State GA Zip Code 31906-1337

Amount of Each Disbursement this Period

2215.80

Purpose of Disbursement
Salary

Category/ Type

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

Candidate Name

SALARY

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Wes Bruer

Transaction ID: 90122.E3181
Date of Disbursement

Mailing Address 2933 Lynda Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Columbus State GA Zip Code 31906-1337

Amount of Each Disbursement this Period

2228.22

Purpose of Disbursement
Salary

Category/ Type

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

Candidate Name

SALARY

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

4919.86

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Caves Valley Golf Club</p> <p>Mailing Address 2910 Blendon Rd</p> <p>City Owings Mills State MD Zip Code 21117-2360</p> <p>Purpose of Disbursement Event Facility & Catering Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81210.E3084</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4220.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT FACILITY & CATERING FEE</p>
<p>B. Full Name (Last, First, Middle Initial) The Congressional Institute</p> <p>Mailing Address 401 Wythe St</p> <p>City Alexandria State VA Zip Code 22314-1927</p> <p>Purpose of Disbursement Congressional Retreat</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90122.E3167</p> <p>Date of Disbursement 12 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1658.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONGRESSIONAL RETREAT</p>
<p>C. Full Name (Last, First, Middle Initial) Laura Dunaway</p> <p>Mailing Address 3126 Bransford Road</p> <p>City Augusta State GA Zip Code 30909-</p> <p>Purpose of Disbursement Reimbursement for Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81210.E3088</p> <p>Date of Disbursement 12 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 338.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT FOR MILEAGE</p>

SUBTOTAL of Disbursements This Page (optional) ►

6217.01

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Laura Dunaway	Transaction ID: 90122.E3164 Date of Disbursement 12 / 15 / 2008
	Mailing Address 3126 Bransford Road	Amount of Each Disbursement this Period 338.64
	City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR MILEAGE

B.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 81210.E3068 Date of Disbursement 11 / 25 / 2008
	Mailing Address 30 S Court Sq	Amount of Each Disbursement this Period 118.86
	City Newnan State GA Zip Code 30263-2049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

C.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 81210.E3069 Date of Disbursement 12 / 08 / 2008
	Mailing Address 30 S Court Sq	Amount of Each Disbursement this Period 117.97
	City Newnan State GA Zip Code 30263-2049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE

SUBTOTAL of Disbursements This Page (optional)	575.47
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Harwell Photography

Mailing Address 28 Main St

City Senoia State GA Zip Code 30276-

Purpose of Disbursement
Event Photography

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81210.E3074
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

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

EVENT PHOTOGRAPHY

B.

Full Name (Last, First, Middle Initial)
Chip Lake

Mailing Address 769 Nob Ridge Dr

City Marietta State GA Zip Code 30064-5736

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90122.E3179
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	8

Amount of Each Disbursement this Period

230.88

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

SALARY

C.

Full Name (Last, First, Middle Initial)
Joe Lillis

Mailing Address PO Box 458

City Sharpsburg State GA Zip Code 30277-0458

Purpose of Disbursement
See Below

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81210.E3077
Date of Disbursement

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

Amount of Each Disbursement this Period

583.78

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

1064.66

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial) Holiday Inn Express <hr/> Mailing Address 520 John B Wilson Ct <hr/> City Lawrenceville State GA Zip Code 30045-7647 <hr/> Purpose of Disbursement Travel Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E3184 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 269.22
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL EXPENSES
B. Full Name (Last, First, Middle Initial) Joe Lillis <hr/> Mailing Address PO Box 458 <hr/> City Sharpsburg State GA Zip Code 30277-0458 <hr/> Purpose of Disbursement Reimbursement for Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E3183 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 314.56
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: REIMBURSEMENT FOR MILEAGE
C. Full Name (Last, First, Middle Initial) Premier Mail Company <hr/> Mailing Address PO Box 27048 <hr/> City Raleigh State NC Zip Code 27611-7048 <hr/> Purpose of Disbursement Direct Marketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81210.E3083 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 1000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	DIRECT MARKETING

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 81210.E3090 Date of Disbursement 12 / 08 / 2008
	Mailing Address PO Box 27048	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27611-7048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Marketing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MARKETING

B.	Full Name (Last, First, Middle Initial) Professional Data Services	Transaction ID: 81210.E3089 Date of Disbursement 12 / 08 / 2008
	Mailing Address 264 N Lumpkin St # 202	Amount of Each Disbursement this Period 1507.14
	City Athens State GA Zip Code 30601-2742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Compliance Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COMPLIANCE CONSULTING

C.	Full Name (Last, First, Middle Initial) RC Development	Transaction ID: 81210.E3076 Date of Disbursement 11 / 25 / 2008
	Mailing Address 2753 Highway 34 E Ste 2	Amount of Each Disbursement this Period 900.00
	City Newnan State GA Zip Code 30265-2145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT

SUBTOTAL of Disbursements This Page (optional)	3407.14
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
RC Development

Transaction ID: 90122.E3169
Date of Disbursement

Mailing Address 2753 Highway 34 E Ste 2

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	8

City Newnan State GA Zip Code 30265-2145

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
Rent

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

RENT

State: District:

B.

Full Name (Last, First, Middle Initial)
Richard Petty Driving Experience

Transaction ID: 81210.E3067
Date of Disbursement

Mailing Address 6022 Victory Ln

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

City Concord State NC Zip Code 28027-2616

Amount of Each Disbursement this Period

336.75

Purpose of Disbursement
Fundraiser Site Deposit

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISER SITE DEPOSIT

State: District:

C.

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

Transaction ID: 81210.E3071
Date of Disbursement

Mailing Address P.O. Box 660108

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

City Dallas State TX Zip Code 75266-0108

Amount of Each Disbursement this Period

123.93

Purpose of Disbursement
Cell Phone

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CELL PHONE

State: District:

SUBTOTAL of Disbursements This Page (optional)

1360.68

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

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

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81210.E3070
Date of Disbursement: 11 / 25 / 2008

Amount of Each Disbursement this Period: 76.88

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

CELL PHONE

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

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81210.E3072
Date of Disbursement: 12 / 08 / 2008

Amount of Each Disbursement this Period: 76.28

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

CELL PHONE

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

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90122.E3163
Date of Disbursement: 12 / 15 / 2008

Amount of Each Disbursement this Period: 120.18

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

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ► 273.34

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 25 / 27

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

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

Mailing Address 3126 Bransford Rd

City Augusta State GA Zip Code 30909-3008

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81210.E3086

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

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

FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

37672.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Alliance for Childrens Enrichment	Transaction ID: 90122.E3165 Date of Disbursement 12 / 18 / 2008
	Mailing Address 8 Carmichael St	Amount of Each Disbursement this Period 250.00
	City Newnan State GA Zip Code 30263-1530	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Buckhead Young Republicans	Transaction ID: 90122.E3168 Date of Disbursement 12 / 20 / 2008
	Mailing Address PO Box 14907	Amount of Each Disbursement this Period 250.00
	City Atlanta State GA Zip Code 30324-1907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Coverdell Leadership Institute	Transaction ID: 81210.E3079 Date of Disbursement 12 / 05 / 2008
	Mailing Address Campus Box 75	Amount of Each Disbursement this Period 1000.00
	City Milledgeville State GA Zip Code 31061-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Fleming for Congress

Transaction ID: 81210.E3087
Date of Disbursement

Mailing Address PO Box 1236

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

City Minden State LA Zip Code 71058-1236

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name
JOHN CALVIN FLEMING, JR

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: LA District: 04

B.

Full Name (Last, First, Middle Initial)
Veterans Wall of Honor Fund

Transaction ID: 81210.E3080
Date of Disbursement

Mailing Address PO Box 2849

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

City Stockbridge State GA Zip Code 30281-8937

Amount of Each Disbursement this Period

325.00

Purpose of Disbursement
DONATION

Category/
Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1325.00

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

2825.00
