

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
Norfolk Southern Good Government Fund

ADDRESS (number and street) Three Commercial Place  
 Check if different than previously reported. (ACC)  
Norfolk VA 23510

2. **FEC IDENTIFICATION NUMBER** C00009282  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2006 through 03 31 2006

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 Marque Ledoux

Signature of Treasurer Electronically Filed by Marque Ledoux Date 06 23 2006

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  
Norfolk Southern Good Government Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		88418.05
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	110752.04									
(c) Total Receipts (from Line 19) .....	35310.29	117298.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	146062.33	205716.33								
7. Total Disbursements (from Line 31) .....	61508.33	121194.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84554.00	84522.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
Norfolk Southern Good Government Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27951.15	73853.05
(i) Itemized (use Schedule A) .....	7359.14	43445.23
(ii) Unitemized .....	35310.29	117298.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35310.29	117298.28
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35310.29	117298.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35310.29	117298.28

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	114500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	54.00
(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 28(a), (b), and (c)) .....	0.00	54.00
29. Other Disbursements.....	508.33	6640.33
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61508.33	121194.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	61508.33	121194.33

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	35310.29	117298.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	54.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35310.29	117244.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. THURMAN D WYATT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1210 OLD JACKSON RD		<b>Transaction ID: PR113715556428</b>	
City State Zip Code LOCUST GROVE GA 30248	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SYS ENG PUB IMPROV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. J J LESTRANGE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 142 TRIPLE CROWN CIR		<b>Transaction ID: PR113715556428</b>	
City State Zip Code ALPHARETTA GA 30004	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR TERMINAL OPER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. T L REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1212 RYAN PL		<b>Transaction ID: PR113715576428</b>	
City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SYSTEM GEN RF ENGS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. DONALD W SEALE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1333 BAFFY LOOP		Transaction ID: PR38340446428	
City <b>CHESAPEAKE</b>	State <b>VA</b>	Zip Code <b>23320-9458</b>	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>EVP SALES &amp; MRKTING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.64		

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. HUGH JOSEPH KILEY, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4012 LAMBS CREEK CT		Transaction ID: PR38340536428	
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23455-7031</b>	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>AVP OPERATIONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

P/R Deduction (\$62.50 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. STEPHEN H MORRELL</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1833 JOPPA LN		Transaction ID: PR38340546428	
City <b>TUCKER</b>	State <b>GA</b>	Zip Code <b>30084-5906</b>	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>DIR ENGR COST &amp; SYS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

P/R Deduction (\$100.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	741.66
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. HENRY C WOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 334 S BOTETOURT CT		<b>Transaction ID: PR38340556428</b>	
City NORFOLK	State VA	Zip Code 23507-1859	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VICE CHAIRMAN & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		
		P/R Deduction (\$208.33 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. CARL D WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6142 STRATFORD WAY		<b>Transaction ID: PR38340586428</b>	
City ROANOKE	State VA	Zip Code 24018	Amount of Each Receipt this Period _____ 147.50
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIV SUPERINTENDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 442.50		
		P/R Deduction (\$73.75 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH C DIMINO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 255 COLLEGE CROSS APT 71		<b>Transaction ID: PR38340606428</b>	
City NORFOLK	State VA	Zip Code 23510	Amount of Each Receipt this Period _____ 190.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP & CORP COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 570.00		
		P/R Deduction (\$95.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>754.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) KARIN L STAMY Mailing Address 503 16TH ST City VIRGINIA BEACH State VA Zip Code 23451-4201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38340616428 Amount of Each Receipt this Period 104.16 P/R Deduction (\$52.08 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: GEN ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.48		

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN H FRIEDMANN Mailing Address 100 WINDSOR LN APT J City WILLIAMSBURG State VA Zip Code 23185 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38340646428 Amount of Each Receipt this Period 124.50 P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: DIV SUPERINTENDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 373.50		

<b>C.</b> Full Name (Last, First, Middle Initial) PHILIP G PISERCHIA Mailing Address 700 RALEIGH AVE APT A City NORFOLK State VA Zip Code 23507-1635 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38340676428 Amount of Each Receipt this Period 115.00 P/R Deduction (\$57.50 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: DIR AGR DEV & STAFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>343.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

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

Mailing Address 5618 PINEHURST WAY

City State Zip Code  
MECHANICSBURG PA 17050-8515

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

Name of Employer Occupation  
NS CORP GOOD GOVERNMENT ASST GEN MGR  
FUND

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

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

**Transaction ID:** PR38340746428

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Semi-Monthly)

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

Mailing Address 2336 WILCHESTER GLEN DR

City State Zip Code  
VIRGINIA BEACH VA 23456-5269

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

Name of Employer Occupation  
NS CORP GOOD GOVERNMENT AVP LABOR RELATIONS  
FUND

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

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

**Transaction ID:** PR38340756428

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$62.50 Semi-Monthly)

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

Mailing Address 2457 HAVERSHAM CLOSE

City State Zip Code  
VIRGINIA BEACH VA 23454-1159

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

Name of Employer Occupation  
NS CORP GOOD GOVERNMENT AVP HUMAN RESOURCES  
FUND

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 460.02

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

**Transaction ID:** PR38340766428

Amount of Each Receipt this Period  
153.34

P/R Deduction (\$153.33 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>358.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JAMES R SCHAAF</b>		Date of Receipt
Mailing Address 5505 CAVALIER DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
ROANOKE	VA	24018-4181
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR MARKETING	<b>Transaction ID: PR38340776428</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 345.00	<input type="text"/> 115.00
		P/R Deduction (\$56.52 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. H CRAIG LEWIS</b>		Date of Receipt
Mailing Address 602 SPRUCE ST		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
PHILADELPHIA	PA	19106-4114
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP CORPORATE AFFAIRS	<b>Transaction ID: PR38340786428</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 980.20	<input type="text"/> 416.66
		P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. RONALD A LISTWAK</b>		Date of Receipt
Mailing Address 626 BEAUMONT CIR		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
WEST CHESTER	PA	19380-6470
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP UTILITY NORTH	<b>Transaction ID: PR38340796428</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 471.00	<input type="text"/> 157.00
		P/R Deduction (\$78.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 688.66
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. GERHARD A THELEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 125 FRANKLIN PL NE		<b>Transaction ID: PR38340806428</b>	
City ATLANTA	State GA	Zip Code 30342-2792	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP MECHANICAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. DANIEL M MAZUR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 432 MILL STONE RD		<b>Transaction ID: PR38340816428</b>	
City CHESAPEAKE	State VA	Zip Code 23322-4317	Amount of Each Receipt this Period _____ 165.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP STRATEGIC PLANNG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 495.00		

P/R Deduction (\$82.50 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. WILLIAM A GALANKO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1208 CEDAR POINT DR		<b>Transaction ID: PR38340826428</b>	
City VIRGINIA BEACH	State VA	Zip Code 23451-3846	Amount of Each Receipt this Period _____ 321.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP FINANCIAL PLNG.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 963.00		

P/R Deduction (\$160.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>902.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. SCOTT R WEAVER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 230 W TAZEWELL ST APT 210		<b>Transaction ID: PR38340836428</b>
City NORFOLK	State VA	Zip Code 23510-1279
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 68.00
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR LABOR RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 204.00	
		P/R Deduction (\$34.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. RICKEY L CRAWFORD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1275 25TH ST NW APT 709		<b>Transaction ID: PR38340866428</b>
City WASHINGTON	State DC	Zip Code 20037-1143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 100.00
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SPEC ASST-PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	
		P/R Deduction (\$112.50 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. WILLIAM J HARRIS, III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4158 E BAY CIR		<b>Transaction ID: PR38340896428</b>
City LEWIS CENTER	State OH	Zip Code 43035-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 110.04
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation RESIDENT VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 330.12	
		P/R Deduction (\$57.79 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>278.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT W BLANK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7623 AMBER CT		<b>Transaction ID:</b> PR38340926428	
City ROANOKE	State VA	Zip Code 24018-5700	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR RES & TESTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$116.52 Semi-Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL ROBERT MCCLELLAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 531 WARREN CRES		<b>Transaction ID:</b> PR38340946428	
City NORFOLK	State VA	Zip Code 23507-1838	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP INTMDL&AUTO MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$62.50 Semi-Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) JAMES A HIXON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3329 KLINE DR		<b>Transaction ID:</b> PR38340976428	
City VIRGINIA BEACH	State VA	Zip Code 23452-6281	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation EVP LAW & CORP REL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 5000.00		
		P/R Deduction (\$0.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID R GOODE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7301 WOODWAY LN		<b>Transaction ID: PR38341056428</b>
City NORFOLK	State VA	Zip Code 23505-3149
Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SPEC ADV TO THE CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98	P/R Deduction (\$416.66 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. JOEL E HARRELL, III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3636 WILDWOOD FARMS DR		<b>Transaction ID: PR38341066428</b>
City DULUTH	State GA	Zip Code 30096-6116
Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation RESIDENT VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. C RUSS MCDANIEL, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4915 SHADY SIDE DR		<b>Transaction ID: PR38341076428</b>
City ROANOKE	State VA	Zip Code 24018-4821
Amount of Each Receipt this Period _____ 122.16		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR PROC IMPRV 6 SIG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 366.48	P/R Deduction (\$40.72 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>688.82</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JOSEPH A HOPKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6463 FAIRWAY ESTATES DR		<b>Transaction ID: PR38341086428</b>
City <b>ROANOKE</b>	State <b>VA</b>	Zip Code <b>24018-7407</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>166.66</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>AVP TAX ADMIN</b>	P/R Deduction (\$83.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>499.98</b>	

Full Name (Last, First, Middle Initial) <b>B. MARTA R STEWART</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1698 S WOODSIDE LN		<b>Transaction ID: PR38341116428</b>
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23454-1017</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>VP &amp; CONTROLLER</b>	P/R Deduction (\$105.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>630.00</b>	

Full Name (Last, First, Middle Initial) <b>C. LESLIE IKE PRILLAMAN, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4204 OCEAN FRONT AVENUE		<b>Transaction ID: PR38341156428</b>
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23451-2515</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>416.00</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>VICE CHAIRMAN &amp; CMO</b>	P/R Deduction (\$0.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1248.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>792.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. GARY W WOODS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3530 WYNTERSET DR		<b>Transaction ID: PR38341166428</b>	
City State Zip Code SNELLVILLE GA 30039-8629	Amount of Each Receipt this Period _____ 171.86		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP ENGINEERING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 515.58		
		P/R Deduction (\$85.93 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN C TOBIAS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 789 S VILLIER CT		<b>Transaction ID: PR38341176428</b>	
City State Zip Code VIRGINIA BEACH VA 23452-3848	Amount of Each Receipt this Period _____ 416.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VICE CHAIRMAN & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1248.00		
		P/R Deduction (\$208.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. HENRY D LIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1221 S FAIRWATER DR		<b>Transaction ID: PR38341196428</b>	
City State Zip Code NORFOLK VA 23508-1116	Amount of Each Receipt this Period _____ 208.33		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SVP LAW		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 416.66		
		P/R Deduction (\$0.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>796.19</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JOHN P RATHBONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 836 COVERDALE LN		<b>Transaction ID: PR38341206428</b>	
City VIRGINIA BEACH	State VA	Zip Code 23452-3942	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$208.33 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation EVP ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		

Full Name (Last, First, Middle Initial) <b>B. ROBERT DAVID COBBS, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 221 SILVER MAPLE DR		<b>Transaction ID: PR38341246428</b>	
City CHESAPEAKE	State VA	Zip Code 23322-4162	Amount of Each Receipt this Period _____ 116.66
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$60.42 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP DIVERSITY & EEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 349.98		

Full Name (Last, First, Middle Initial) <b>C. MARK S HAMILTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 542 DORCHESTER DR		<b>Transaction ID: PR38341256428</b>	
City SEVEN FIELDS	State PA	Zip Code 16046-4704	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$70.00 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIV SUPERINTENDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>633.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. CARY G BOOTH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 705 CRYSTAL LN		<b>Transaction ID: PR38341266428</b>	
City VIRGINIA BEACH	State VA	Zip Code 23451-3738	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR IMDL SVC DES&DEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 860.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. ROGER A PETERSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 500 DENHAM ARCH		<b>Transaction ID: PR38341276428</b>	
City CHESAPEAKE	State VA	Zip Code 23322-6845	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$125.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. KATHRYN B MCQUADE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 3071		<b>Transaction ID: PR38341286428</b>	
City NORFOLK	State VA	Zip Code 23514-3071	Amount of Each Receipt this Period _____ 416.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation EVP PLANNING & CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1248.00		
		P/R Deduction (\$208.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>686.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. FREDERICK BLAIR WIMBUSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1330 BAFFY LOOP		<b>Transaction ID: PR38341296428</b>	
City <b>CHESAPEAKE</b>	State <b>VA</b>	Zip Code <b>23320-9457</b>	Amount of Each Receipt this Period _____ <b>416.66</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>VP REAL ESTATE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1249.98</b>		
		P/R Deduction (\$208.33 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. ROBERT M KESLER, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6200 MONROE PL		<b>Transaction ID: PR38341316428</b>	
City <b>NORFOLK</b>	State <b>VA</b>	Zip Code <b>23508-1249</b>	Amount of Each Receipt this Period _____ <b>183.34</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>VP TAXATION</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>550.02</b>		
		P/R Deduction (\$208.33 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JAMES E CARTER, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3812 LITTLE NECK PT		<b>Transaction ID: PR38341326428</b>	
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-4712</b>	Amount of Each Receipt this Period _____ <b>125.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>VP INTERNAL AUDIT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>375.00</b>		
		P/R Deduction (\$62.50 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>725.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JAMES D GEARHART</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 703 VININGS ESTATES DR SE		<b>Transaction ID: PR38341336428</b>
City MABLETON State GA Zip Code 30126-5912	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$0.00 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation CHIEF ENG PROG MTCE	Aggregate Year-to-Date 304.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. W G CARPER, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2626 BELLEVUE AVE		<b>Transaction ID: PR38341376428</b>
City BLUEFIELD State WV Zip Code 24701-4828	Amount of Each Receipt this Period 107.74	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$53.87 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation RESIDENT VP	Aggregate Year-to-Date 323.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. THOMAS E RAPPOLD</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5623 CLUB LN		<b>Transaction ID: PR38341406428</b>
City ROANOKE State VA Zip Code 24018-1001	Amount of Each Receipt this Period 157.42	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$78.71 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation AVP DOM UT IND CL MK	Aggregate Year-to-Date 472.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) RICHARD D WHITE, III Mailing Address 6705 CHRISTOPHER DR City ROANOKE State VA Zip Code 24018-6962 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38341416428 Amount of Each Receipt this Period 140.00 P/R Deduction (\$70.00 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: AVP MATERIAL MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL D SMITH Mailing Address 3245 LAUREL DR City BLACKSBURG State VA Zip Code 24060-1765 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38341436428 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: SVP ENERGY & PROP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY A MCCRACKEN Mailing Address 150 ROLLING RD City SOCIAL CIRCLE State GA Zip Code 30025-5310 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38341446428 Amount of Each Receipt this Period 139.64 P/R Deduction (\$69.82 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: CHIEF ENGR LINE MAIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 239.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>379.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	





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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. THOMAS W MAHONEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6505 WINTER DR		<b>Transaction ID: PR38341606428</b>
City State Zip Code BOONES MILL VA 24065-2207	Amount of Each Receipt this Period _____ 197.24	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$98.62 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation ASST TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 394.48	

Full Name (Last, First, Middle Initial) <b>B. THOMAS H MULLENIX, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1105 LITTLE NECK RD		<b>Transaction ID: PR38341626428</b>
City State Zip Code VIRGINIA BEACH VA 23452-6044	Amount of Each Receipt this Period _____ 137.50	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$68.75 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 412.50	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY A HEILIG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2404 GLENMORE LN		<b>Transaction ID: PR38341636428</b>
City State Zip Code SNELLVILLE GA 30078-5680	Amount of Each Receipt this Period _____ 187.34	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$196.67 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP TRANS-NETWORK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 562.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>522.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

**A.** Full Name (Last, First, Middle Initial)  
MARK R MACMAHON

Mailing Address 23 BAY FRONT PL

City State Zip Code  
HAMPTON VA 23664-1792

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

Name of Employer  
NS CORP GOOD GOVERNMENT FUND

Occupation  
VP LABOR RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
669.96

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

**Transaction ID:** PR38341666428

Amount of Each Receipt this Period  
274.98

P/R Deduction (\$206.24 Semi-Monthly)

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

Mailing Address 183 FOREST CIR

City State Zip Code  
SALEM VA 24153-6857

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

Name of Employer  
NS CORP GOOD GOVERNMENT FUND

Occupation  
CHIEF ENGR LINE MAIN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

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

**Transaction ID:** PR38341676428

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$45.00 Semi-Monthly)

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

Mailing Address 3958 WHITE HORSE LN SE

City State Zip Code  
SMYRNA GA 30080-6408

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

Name of Employer  
NS CORP GOOD GOVERNMENT FUND

Occupation  
DIR SVC DES&I/L MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.50

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

**Transaction ID:** PR38341686428

Amount of Each Receipt this Period  
120.50

P/R Deduction (\$60.25 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>485.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. MARK D PERREAULT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 950 HANOVER AVE		<b>Transaction ID: PR38341716428</b>	
City NORFOLK      State VA      Zip Code 23508-1227	Amount of Each Receipt this Period _____ 148.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GENERAL SOLICITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 444.00		
		P/R Deduction (\$148.00 Se-mi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JAMES R BAILEY, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1516 BARKSDALE CT NW		<b>Transaction ID: PR38341726428</b>	
City KENNESAW      State GA      Zip Code 30152-6930	Amount of Each Receipt this Period _____ 151.16		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP CUSTOMER SERVICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 453.48		
		P/R Deduction (\$159.50 Se-mi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. REUBEN CHAPMAN, VI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5013 FALCON RIDGE RD		<b>Transaction ID: PR38341746428</b>	
City ROANOKE      State VA      Zip Code 24018	Amount of Each Receipt this Period _____ 156.38		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP ACCTG OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 462.20		
		P/R Deduction (\$78.19 Sem-i-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>455.54</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. THOMAS E BAYRER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5426 DOE RUN RD		<b>Transaction ID: PR38341836428</b>	
City <b>ROANOKE</b>	State <b>VA</b>	Zip Code <b>24014-4931</b>	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR MKT RESOURS&PLNG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$35.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. C C EARHART</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1104 VALLEY OVERLOOK DR NE		<b>Transaction ID: PR38341846428</b>	
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30324-5621</b>	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP INFORMATION TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$208.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL K QUINN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4816 TOPPING HILL DR		<b>Transaction ID: PR38341866428</b>	
City <b>ROANOKE</b>	State <b>VA</b>	Zip Code <b>24018-4828</b>	Amount of Each Receipt this Period _____ 127.50
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR STATE TAXES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 382.50		
		P/R Deduction (\$63.75 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>397.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. CHARLES RAY PRIBLE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2205 HAVERSHAM CLOSE		Transaction ID: PR38341906428	
City VIRGINIA BEACH	State VA	Zip Code 23454-1152	Amount of Each Receipt this Period 166.66
FEC ID number of contributing federal political committee. C			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MEDICAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		
		P/R Deduction (\$166.67 Se-mi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. GEORGE J CAMILLE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3217 MARKWOOD LN		Transaction ID: PR38341916428	
City SPRINGFIELD	State IL	Zip Code 62707	Amount of Each Receipt this Period 131.66
FEC ID number of contributing federal political committee. C			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation RESIDENT VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.98		
		P/R Deduction (\$131.67 Se-mi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JAMES R PASCHALL</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 944 UPPER HASTINGS WAY		Transaction ID: PR38341926428	
City VIRGINIA BEACH	State VA	Zip Code 23452-6249	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SR GEN ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$70.00 Sem-i-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	438.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. CHARLES E STINE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 305 TREYBURN DR		Transaction ID: PR38341936428	
City KNOXVILLE	State TN	Zip Code 37934	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIV ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
		P/R Deduction (\$35.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. VERNON GARY SHARP</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 730 GLEBE RD		Transaction ID: PR38341956428	
City DALEVILLE	State VA	Zip Code 24083-3648	Amount of Each Receipt this Period 138.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP OPERATING RULES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.93		
		P/R Deduction (\$69.04 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. GARY G WENDORF</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6015 WINNBROOK LN		Transaction ID: PR38341966428	
City ROANOKE	State VA	Zip Code 24018-7906	Amount of Each Receipt this Period 134.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GROUP VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.00		
		P/R Deduction (\$67.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	342.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) FREDRIC M EHLERS Mailing Address 1439 N VEAUX LOOP City NORFOLK State VA Zip Code 23509-1259 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38341976428 Amount of Each Receipt this Period 120.83 P/R Deduction (\$128.33 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation AVP EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.49		

<b>B.</b> Full Name (Last, First, Middle Initial) GLORIA W DANA Mailing Address PO BOX 3363 City NORFOLK State VA Zip Code 23514-3363 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38341986428 Amount of Each Receipt this Period 119.16 P/R Deduction (\$59.58 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation AVP HUMAN RSRC SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.48		

<b>C.</b> Full Name (Last, First, Middle Initial) BRIAN L SYKES Mailing Address 1321 SHYRE CREST WAY City LAWRENCEVILLE State GA Zip Code 30043-4439 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38342016428 Amount of Each Receipt this Period 73.79 P/R Deduction (\$76.21 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation CHIEF ENGR C&S Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>313.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID A BROWN, II</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 200 COLLEGE PL APT. 212		Transaction ID: PR38342026428	
City NORFOLK      State VA      Zip Code 23510-1286	Amount of Each Receipt this Period 345.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP STRATEGIC PLANNG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 895.50		
		P/R Deduction (\$208.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. G A ASPATORE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 877 BISHOPSGATE LN		Transaction ID: PR38342036428	
City VIRGINIA BEACH      State VA      Zip Code 23452-6182	Amount of Each Receipt this Period 157.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GENERAL SOLICITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.50		
		P/R Deduction (\$78.75 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JOHN W FARMER, II</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 202 BLAIRMORE CT		Transaction ID: PR38342046428	
City DULUTH      State GA      Zip Code 30097-5901	Amount of Each Receipt this Period 184.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP MW & STRUCTURES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.44		
		P/R Deduction (\$0.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	687.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JOHN F CORCORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2407 BEEKAY CT		<b>Transaction ID: PR38342076428</b>	
City VIENNA	State VA	Zip Code 22181-3002	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SVP PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 208.33		
		P/R Deduction (\$0.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. KEVIN L GRIGSBY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5826 SALISBURY DR		<b>Transaction ID: PR38342086428</b>	
City ROANOKE	State VA	Zip Code 24018-4116	Amount of Each Receipt this Period _____ 119.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SUPT OF OPER RULES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 353.50		
		P/R Deduction (\$59.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. DEBORAH H BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2595 WINTHROPE WAY		<b>Transaction ID: PR38342096428</b>	
City LAWRENCEVILLE	State GA	Zip Code 30044-5793	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP CUSTOMER SERVICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		
		P/R Deduction (\$208.33 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>535.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JERRY W HALL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 511 JACOB LN		<b>Transaction ID: PR38342116428</b>	
City <b>MECHANICSBURG</b>	State <b>PA</b>	Zip Code <b>17050-7219</b>	Amount of Each Receipt this Period _____ <b>123.08</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIV SUPERINTENDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>363.42</b>		
		P/R Deduction (\$61.54 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JOHN M BAKER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5150 OLD SELMA RD		<b>Transaction ID: PR38342126428</b>	
City <b>MONTGOMERY</b>	State <b>AL</b>	Zip Code <b>36108-6112</b>	Amount of Each Receipt this Period _____ <b>416.66</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation RESIDENT VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1249.98</b>		
		P/R Deduction (\$208.33 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. HARRY G FRIDGE, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3565 LARSON LN		<b>Transaction ID: PR38342146428</b>	
City <b>ROANOKE</b>	State <b>VA</b>	Zip Code <b>24018-3150</b>	Amount of Each Receipt this Period _____ <b>116.92</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR SVC CONT/SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>350.76</b>		
		P/R Deduction (\$116.92 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>656.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. GREG E SUMMY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 831 BISHOPSGATE LN		<b>Transaction ID: PR38342166428</b>
City State Zip Code VIRGINIA BEACH VA 23452-6180	Amount of Each Receipt this Period _____ 137.50	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$68.75 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GENERAL SOLICITOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 412.50	

Full Name (Last, First, Middle Initial) <b>B. ROGER M BENNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 818 DERBY AVE		<b>Transaction ID: PR38342196428</b>
City State Zip Code CAMP HILL PA 17011-8367	Amount of Each Receipt this Period _____ 110.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$55.00 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR INDUSTRIAL DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 330.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN J ANTHONY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10007 OAKTON PLANTATION CT		<b>Transaction ID: PR38342206428</b>
City State Zip Code VIENNA VA 22181-5925	Amount of Each Receipt this Period _____ 146.88	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$73.44 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP GOV RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>394.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER R NEIKIRK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5336 EDGEWATER DR		<b>Transaction ID: PR38342286428</b>	
City NORFOLK	State VA	Zip Code 23508-1324	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIRECTOR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	P/R Deduction (\$75.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JOHN M SAMUELS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 COMMERCIAL PL NS BOX 237		<b>Transaction ID: PR38342306428</b>	
City NORFOLK	State VA	Zip Code 23510	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SVP OPER PLNG & SUPP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 5000.00	P/R Deduction (\$0.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. BARRY LEWIS WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 171 JAY RIDGE RD		<b>Transaction ID: PR38342346428</b>	
City CLOVERDALE	State VA	Zip Code 24077-3032	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SYSTEM DIR SAFETY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$46.09 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JAMES A SQUIRES</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6306 POWHATAN AVE		<b>Transaction ID: PR38342366428</b>
City NORFOLK	State VA	Zip Code 23508-1018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SVP LAW	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) <b>B. V E TROWELL, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3492 HIGHWAY 5 APARTMENT 1008		<b>Transaction ID: PR38342496428</b>
City DOUGLASVILLE	State GA	Zip Code 30135-1569
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.16
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation ASST TO VP	P/R Deduction (\$35.08 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.82	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL JAY HESLEP</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8128 VISTA FOREST DR		<b>Transaction ID: PR38342606428</b>
City ROANOKE	State VA	Zip Code 24018-5708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.76
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR COSTS	P/R Deduction (\$108.75 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>595.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. LYNNANNE B CATRON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 104 MONTEREY CIR		<b>Transaction ID: PR38342626428</b>
City State Zip Code ROANOKE VA 24019-8610	Amount of Each Receipt this Period _____ 102.92	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$51.46 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR EXPENDITURE ACCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 304.18	

Full Name (Last, First, Middle Initial) <b>B. M S DEWBERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 713 ROBERT WAY		<b>Transaction ID: PR38342796428</b>
City State Zip Code POWDER SPRINGS GA 30127-4460	Amount of Each Receipt this Period _____ 123.26	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$61.63 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation ACE PROJ P&E ADM SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 364.44	

Full Name (Last, First, Middle Initial) <b>C. SCOTT D MCGREGOR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3848 BUNCH WALNUTS RD		<b>Transaction ID: PR38342886428</b>
City State Zip Code CHESAPEAKE VA 23322-2875	Amount of Each Receipt this Period _____ 267.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$133.50 Semi-Monthly)	
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GROUP VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 528.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>493.18</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID A BECKER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 302 PEACOCK DR NW		<b>Transaction ID: PR38342896428</b>	
City <b>MARIETTA</b>	State <b>GA</b>	Zip Code <b>30064-1811</b>	Amount of Each Receipt this Period _____ <b>84.42</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>ACE DESIGN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>253.26</b>		
		P/R Deduction (\$42.21 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. THOMAS G WERNER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 445 PINE BOUGH CT		<b>Transaction ID: PR38342916428</b>	
City <b>ALPHARETTA</b>	State <b>GA</b>	Zip Code <b>30004-4539</b>	Amount of Each Receipt this Period _____ <b>166.66</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>AVP TECHNOLOGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>499.98</b>		
		P/R Deduction (\$83.33 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. D A SCHAUB</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4463 BELVEDERE PL SE		<b>Transaction ID: PR38342946428</b>	
City <b>MARIETTA</b>	State <b>GA</b>	Zip Code <b>30067-1500</b>	Amount of Each Receipt this Period _____ <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>SR DIR-CUST SVC OPNS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>300.00</b>		
		P/R Deduction (\$50.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>351.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) J P KLAIBER Mailing Address 4581 FLEMING ST City PHILADELPHIA State PA Zip Code 19128-4720 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38342986428 Amount of Each Receipt this Period 82.92 P/R Deduction (\$41.46 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: MGR STRATEGIC PLAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.34		

<b>B.</b> Full Name (Last, First, Middle Initial) PAULA JO LINA Mailing Address 4400 HYDE RD City PORTSMOUTH State VA Zip Code 23703-4817 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38343006428 Amount of Each Receipt this Period 148.34 P/R Deduction (\$74.17 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: ASSOC MEDICAL DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.02		

<b>C.</b> Full Name (Last, First, Middle Initial) CHARLES SCOTT MUIR Mailing Address 4508 QUIET BROOK CT City CHANTILLY State VA Zip Code 20151-2403 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38343016428 Amount of Each Receipt this Period 250.00 P/R Deduction (\$165.00 Semi-Monthly)
Name of Employer: NS CORP GOOD GOVERNMENT FUND Occupation: RESIDENT VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>481.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY P TUOHY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 644 HOLLAND RD		<b>Transaction ID: PR38343026428</b>
City State Zip Code POWDER SPRINGS GA 30127-4225	Amount of Each Receipt this Period _____ 70.84	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$36.50 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SR DESIGNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 212.52	

Full Name (Last, First, Middle Initial) <b>B. MARY BESS SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 156		<b>Transaction ID: PR38343076428</b>
City State Zip Code FINCASTLE VA 24090-0156	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$37.50 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR INTERNAL AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	

Full Name (Last, First, Middle Initial) <b>C. CRAIG B MARIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 867 MILL ROCK ST		<b>Transaction ID: PR38343096428</b>
City State Zip Code LAWRENCEVILLE GA 30044-6171	Amount of Each Receipt this Period _____ 85.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$46.75 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MANAGER BUDGET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>230.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERT M LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6030 BURNHAM RD		<b>Transaction ID: PR38343106428</b>
City State Zip Code ROANOKE VA 24018-3212	Amount of Each Receipt this Period _____ 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR LOCOMOTIVE SHOP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 252.00	P/R Deduction (\$54.46 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. DAVID C PRICE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6042 WIMBLEDON CT		<b>Transaction ID: PR38343196428</b>
City State Zip Code ROANOKE VA 24018-3866	Amount of Each Receipt this Period _____ 84.26	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR TAX AUDITS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 252.78	P/R Deduction (\$42.13 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. GARY WAYNE HUDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 3023		<b>Transaction ID: PR38343256428</b>
City State Zip Code NORFOLK VA 23514-3023	Amount of Each Receipt this Period _____ 209.16	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR STAFF SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 627.48	P/R Deduction (\$104.58 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>377.42</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. TONY E GRIM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 415 LACEY WAY		<b>Transaction ID: PR38343306428</b>	
City MCDONOUGH	State GA	Zip Code 30252-4215	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation A CH ENGR S&E DESIGN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. LISA MARIE ASSAD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5422 SUNNY LN		<b>Transaction ID: PR38343326428</b>	
City ELLISTON	State VA	Zip Code 24087-3046	Amount of Each Receipt this Period _____ 96.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation ASST MGR CORP ACCTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 289.98		
		P/R Deduction (\$50.83 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MARY LOU FERRIS REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 605 N BROAD ST		<b>Transaction ID: PR38343346428</b>	
City SALEM	State VA	Zip Code 24153-2734	Amount of Each Receipt this Period _____ 68.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation STAFF ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 201.26		
		P/R Deduction (\$34.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>264.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. CALVIN L COX</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2735 ASTORIA AVE		<b>Transaction ID: PR38343356428</b>		
City State Zip Code <b>CUMMING GA 30040-5373</b>	Amount of Each Receipt this Period _____ <b>149.16</b>		P/R Deduction (\$149.17 Se- mi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP MECHANICAL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>440.82</b>			

Full Name (Last, First, Middle Initial) <b>B. PAUL V DEAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2472 WINDY PINES BND		<b>Transaction ID: PR38343386428</b>		
City State Zip Code <b>VIRGINIA BEACH VA 23456-7710</b>	Amount of Each Receipt this Period _____ <b>117.00</b>		P/R Deduction (\$58.50 Sem- i-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR INTMDL EQP/MAINT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>351.00</b>			

Full Name (Last, First, Middle Initial) <b>C. CLIFFORD L CREECH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 726 EUDEL DR		<b>Transaction ID: PR38343416428</b>		
City State Zip Code <b>MCDONOUGH GA 30252-8528</b>	Amount of Each Receipt this Period _____ <b>76.50</b>		P/R Deduction (\$38.25 Sem- i-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR PREV&FIELD SERV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>229.50</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>342.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. ROGER H BRUMFIELD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4239 PENTWORTH LN NW		<b>Transaction ID: PR38343476428</b>
City State Zip Code KENNESAW GA 30144-7115	Amount of Each Receipt this Period _____ 82.76	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$41.38 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR INFO SYS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 248.28	

Full Name (Last, First, Middle Initial) <b>B. JAMES NOBLE CARTER, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 751 PROVIDENCE CLUB DR		<b>Transaction ID: PR38343486428</b>
City State Zip Code MONROE GA 30656-6204	Amount of Each Receipt this Period _____ 180.50	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$93.88 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation CHIEF ENGR BRID&STRU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 481.34	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY M CUTRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3308 LAKELAND DR		<b>Transaction ID: PR38343496428</b>
City State Zip Code ROANOKE VA 24018-3814	Amount of Each Receipt this Period _____ 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$42.00 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SR GEN FOREMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>347.26</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. TERRY N EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5210 COMMODORE BLF		<b>Transaction ID: PR38343506428</b>
City <b>SUFFOLK</b>	State <b>VA</b>	Zip Code <b>23435-3506</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>VP OPNS. PLNG&amp;BUDG</b>	P/R Deduction (\$100.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. JUAN K CUNNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3860 CHURCH POINT RD		<b>Transaction ID: PR38343686428</b>
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23455-7037</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>106.50</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>DIR MGMT DEV &amp; STAFF</b>	P/R Deduction (\$53.25 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>319.50</b>	

Full Name (Last, First, Middle Initial) <b>C. J ALAN JULIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 353 JAMES RIVER TER		<b>Transaction ID: PR38343706428</b>
City <b>BUCHANAN</b>	State <b>VA</b>	Zip Code <b>24066-5110</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>95.00</b>
Name of Employer <b>NS CORP GOOD GOVERNMENT FUND</b>	Occupation <b>DIR SALES</b>	P/R Deduction (\$47.50 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>285.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>401.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) LARRY L ETHERTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38343856428
Mailing Address 5331 TALLGRASS WAY NW		Amount of Each Receipt this Period 138.50
City KENNESAW State GA Zip Code 30152-2832	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$69.25 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation DIRECTOR ENGINEERING	Aggregate Year-to-Date 410.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) RUSSELL C PARKS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38343906428
Mailing Address 105 BOULDER DR		Amount of Each Receipt this Period 75.08
City DUNCANSVILLE State PA Zip Code 16635-7222	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$37.54 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation SR GEN FOREMAN	Aggregate Year-to-Date 222.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) DARRELL L WILSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR38343986428
Mailing Address 1713 OAKCREST DR		Amount of Each Receipt this Period 416.66
City ALEXANDRIA State VA Zip Code 22302-2337	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation AVP GOV RELATIONS	Aggregate Year-to-Date 774.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. HOWARD DALE MCFADDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 407 BRYAN CT		<b>Transaction ID: PR38343996428</b>	
City <b>NEWPORT NEWS</b>	State <b>VA</b>	Zip Code <b>23606-2562</b>	Amount of Each Receipt this Period _____ <b>91.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>GEN TAX ATTORNEY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>268.66</b>		
		P/R Deduction (\$45.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. ROBERT A WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1309 SARASAN CT		<b>Transaction ID: PR38344006428</b>	
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-6277</b>	Amount of Each Receipt this Period _____ <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>GEN MGR CASUALTY CLM</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>300.00</b>		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. CHARLES H MATHERS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6512 DEERINGS LN		<b>Transaction ID: PR38344026428</b>	
City <b>NORCROSS</b>	State <b>GA</b>	Zip Code <b>30092-1898</b>	Amount of Each Receipt this Period _____ <b>86.08</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation <b>INFO. SYS. ANALYST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>258.24</b>		
		P/R Deduction (\$43.04 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>277.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. HAROLD R MOBLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3125 BISHOPSGATE CT		<b>Transaction ID: PR38344136428</b>	
City State Zip Code VIRGINIA BEACH VA 23452-6184	Amount of Each Receipt this Period _____ 126.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP LABOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 379.26		
		P/R Deduction (\$66.06 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MARK A BARRICK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1326 MEGGETT DR		<b>Transaction ID: PR38344176428</b>	
City State Zip Code CHESAPEAKE VA 23322-3988	Amount of Each Receipt this Period _____ 92.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR PC/LAN SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 272.92		
		P/R Deduction (\$46.04 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. STEVEN R HAMBY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3020 BROOKFIELD DR		<b>Transaction ID: PR38344266428</b>	
City State Zip Code AUSTELL GA 30106-3017	Amount of Each Receipt this Period _____ 69.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR IMDL BILLING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.58		
		P/R Deduction (\$35.38 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>287.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. J B FITZGERALD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 410 PARADISE POINT RD		<b>Transaction ID: PR38344376428</b>
City State Zip Code HARTWELL GA 30643-8634	Amount of Each Receipt this Period _____ 127.84	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$67.50 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIRECTOR CYO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 383.52	

Full Name (Last, First, Middle Initial) <b>B. R E MARTINEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 600 BOTETOURT GDNS		<b>Transaction ID: PR38344416428</b>
City State Zip Code NORFOLK VA 23507-1804	Amount of Each Receipt this Period _____ 195.84	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$97.92 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP BUSINESS DEVELOP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 587.52	

Full Name (Last, First, Middle Initial) <b>C. GARY R WINFREY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 128 GARDEN OAKS DR		<b>Transaction ID: PR38344486428</b>
City State Zip Code PRINCETON WV 24740-8513	Amount of Each Receipt this Period _____ 85.24	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$42.62 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIV MGR MECH OPNS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 255.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>408.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. KAROL R LAWRENCE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 40 INMAN CIR NE		<b>Transaction ID: PR38344536428</b>	
City ATLANTA	State GA	Zip Code 30309	Amount of Each Receipt this Period _____ 145.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 402.52		
		P/R Deduction (\$72.92 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. GARY L RAMSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 104 GREYSTONE DR		<b>Transaction ID: PR38344556428</b>	
City DUNCANSVILLE	State PA	Zip Code 16635-7221	Amount of Each Receipt this Period _____ 90.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GEN SUPT LOCO SHOPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		
		P/R Deduction (\$45.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH BASCOMBE TRAYWICK, III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3500 CHURCHILL RD		<b>Transaction ID: PR38344566428</b>	
City RALEIGH	State NC	Zip Code 27607	Amount of Each Receipt this Period _____ 75.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GEN MGR ECBU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 227.52		
		P/R Deduction (\$37.92 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>311.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. WILLIAM J ROMIG</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2729 BROAD BAY RD		<b>Transaction ID: PR38344586428</b>
City VIRGINIA BEACH	State VA	Zip Code 23451-1612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP & TREASURER	P/R Deduction (\$100.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID T LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7471 N SHORE RD		<b>Transaction ID: PR38344606428</b>
City NORFOLK	State VA	Zip Code 23505-1770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP INDUSTRIAL PROD	P/R Deduction (\$125.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT A BARTLE</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2342 ABBEY LN		<b>Transaction ID: PR38344706428</b>
City HARRISBURG	State PA	Zip Code 17112-6047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GEN MANAGER	P/R Deduction (\$125.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. MICHAEL F COX</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 710 MOUNT VERNON AVE		<b>Transaction ID: PR38344736428</b>
City State Zip Code SALEM VA 24153-2716	Amount of Each Receipt this Period _____ 114.16	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$57.08 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR INCOME TAX ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 342.48	

Full Name (Last, First, Middle Initial) <b>B. STANLEY E MARKIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 441 CLOVER RD		<b>Transaction ID: PR38344786428</b>
City State Zip Code ETTERS PA 17319-9784	Amount of Each Receipt this Period _____ 72.16	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$36.08 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR WELDING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 213.40	

Full Name (Last, First, Middle Initial) <b>C. RAYMOND JOHN RUMSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3800 SINCLAIR SHORES RD		<b>Transaction ID: PR38344826428</b>
City State Zip Code CUMMING GA 30041	Amount of Each Receipt this Period _____ 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$42.50 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation AVP COMM & SIGNAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>271.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. SYDNEY J SHANER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4426 HUGH HOWELL RD STE B-185		<b>Transaction ID: PR38344836428</b>
City State Zip Code TUCKER GA 30084-4918	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SYS MGR LOCO UTILIZ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN M KRAEMER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8203 BAYBERRY CT		<b>Transaction ID: PR38344846428</b>
City State Zip Code ROANOKE VA 24018-5871	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GROUP VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) <b>C. J GARY NAFF</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9218 ROCKY COVE DR		<b>Transaction ID: PR38344916428</b>
City State Zip Code CHATTANOOGA TN 37421-2088	Amount of Each Receipt this Period _____ 107.34	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$55.29 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation MGR LOCOMOTIVE SHOP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 322.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>287.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. V HUGH STARLING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3760 EASTBROOK CT		<b>Transaction ID: PR38344936428</b>	
City <b>DORAVILLE</b>	State <b>GA</b>	Zip Code <b>30340-4422</b>	Amount of Each Receipt this Period _____ 118.26
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR NETWORK SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 354.78		
		P/R Deduction (\$59.13 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JOHN W PAYNE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 328 MOUNTAIN VIEW AVE		<b>Transaction ID: PR38344986428</b>	
City <b>BLUEFIELD</b>	State <b>WV</b>	Zip Code <b>24701-4118</b>	Amount of Each Receipt this Period _____ 105.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation VP POCA LAND CORP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 310.78		
		P/R Deduction (\$52.54 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. P C POIRIER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 908 KINGS CROSS		<b>Transaction ID: PR38345066428</b>	
City <b>VIRGINIA BEACH</b>	State <b>VA</b>	Zip Code <b>23452-6270</b>	Amount of Each Receipt this Period _____ 101.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR LABOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 303.00		
		P/R Deduction (\$50.50 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>324.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JOHN VERNON EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 782 SHERATON DR		<b>Transaction ID: PR38345136428</b>
City State Zip Code VIRGINIA BEACH VA 23452-3847	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Semi-Monthly)	
Name of Employer Occupation NS CORP GOOD GOVERNMENT FUND SR GEN ATTORNEY	Aggregate Year-to-Date ▼ _____ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JIMMY ELLIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 786 SPYGLASS BLVD		<b>Transaction ID: PR38345166428</b>
City State Zip Code FORSYTH IL 62535-9601	Amount of Each Receipt this Period _____ 88.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$44.00 Semi-Monthly)	
Name of Employer Occupation NS CORP GOOD GOVERNMENT FUND DIV ENGINEER	Aggregate Year-to-Date ▼ _____ 264.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. STEWART TREVOR PARDEE, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 3231		<b>Transaction ID: PR38345196428</b>
City State Zip Code NORFOLK VA 23514-3231	Amount of Each Receipt this Period _____ 171.58	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$85.79 Semi-Monthly)	
Name of Employer Occupation NS CORP GOOD GOVERNMENT FUND AVP FINANCE	Aggregate Year-to-Date ▼ _____ 395.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>359.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. RICHARD H OVERHOLT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 180 CASTLEWOOD RD		<b>Transaction ID: PR38345206428</b>	
City TYRONE      State GA      Zip Code 30290-2218	Amount of Each Receipt this Period _____ 0.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR INFO SYS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 219.68		
		P/R Deduction (\$0.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. AJITH B WIJERATNE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1712 HIDDEN SPRINGS TRCE SE		<b>Transaction ID: PR38345266428</b>	
City SMYRNA      State GA      Zip Code 30082-4249	Amount of Each Receipt this Period _____ 98.40		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR IND ENG&OPS RES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 289.58		
		P/R Deduction (\$49.20 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL R FESEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2317 SCARBOROUGH DR		<b>Transaction ID: PR38345276428</b>	
City HARRISBURG      State PA      Zip Code 17112-6036	Amount of Each Receipt this Period _____ 128.34		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation RESIDENT VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 385.02		
		P/R Deduction (\$64.17 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>226.74</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) LD HUNT Mailing Address 4123 CHURCH POINT RD City State Zip Code VIRGINIA BEACH VA 23455-7023 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38345386428 Amount of Each Receipt this Period 114.42 P/R Deduction (\$57.21 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation SR GEN ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 338.84		

<b>B.</b> Full Name (Last, First, Middle Initial) CHARLES HUMPHREY ALLEN Mailing Address 2305 CLUB CT City State Zip Code VALPARAISO IN 46383-3287 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38345426428 Amount of Each Receipt this Period 150.58 P/R Deduction (\$75.29 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation SUPT OF THE CTCO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 443.16		

<b>C.</b> Full Name (Last, First, Middle Initial) MARQUE ILEDOUX Mailing Address 1004 ALBERT RENNOLDS DR City State Zip Code FREDERICKSBURG VA 22401-4461 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR38345496428 Amount of Each Receipt this Period 416.66 P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer NS CORP GOOD GOVERNMENT FUND Occupation ASST VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.98		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>681.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERTO H ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1313 MASTERS CT		<b>Transaction ID: PR38345506428</b>	
City State Zip Code CHESAPEAKE VA 23320-9451	Amount of Each Receipt this Period _____ 120.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation DIR GOVT & DIST SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 356.58		P/R Deduction (\$60.29 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. JAMES ALAN NEWTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 113 W WAYNE ST APT 406		<b>Transaction ID: PR38345516428</b>	
City State Zip Code FORT WAYNE IN 46802-2508	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation PRES TRIPLE CRWN SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 129 TIMBER RIDGE RD		<b>Transaction ID: PR38345536428</b>	
City State Zip Code HUMMELSTOWN PA 17036-7445	Amount of Each Receipt this Period _____ 104.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation ASST DIVISION SUPT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 313.74		P/R Deduction (\$57.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>305.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. JEFFREY A HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2404 W 141ST ST		<b>Transaction ID: PR38345586428</b>	
City LEAWOOD      State KS      Zip Code 66224-4561	Amount of Each Receipt this Period _____ 112.26		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SUPT OF TERMINAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 336.78		
		P/R Deduction (\$56.13 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JOE A STEPHENS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 121 JAY RIDGE RD		<b>Transaction ID: PR38345596428</b>	
City CLOVERDALE      State VA      Zip Code 24077-3032	Amount of Each Receipt this Period _____ 70.26		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation SR GEN FOREMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.78		
		P/R Deduction (\$35.13 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. GREGORY RAYMOND COMSTOCK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1312 GLEN CEDARS DR		<b>Transaction ID: PR38345616428</b>	
City MABLETON      State GA      Zip Code 30126-7607	Amount of Each Receipt this Period _____ 187.84		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer NS CORP GOOD GOVERNMENT FUND	Occupation GEN MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 563.52		
		P/R Deduction (\$187.83 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>370.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

**A.** Full Name (Last, First, Middle Initial)  
S L MASON

Mailing Address 89 DERWOOD DR

City State Zip Code  
NEW CUMBERLAND WV 26047

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

Name of Employer Occupation  
NS CORP GOOD GOVERNMENT DIV RFE  
FUND

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.82

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

**Transaction ID: PR93804386428**

Amount of Each Receipt this Period  
68.58

P/R Deduction (\$34.29 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>68.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27951.15</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Friends of Mary Landrieu</b>		Transaction ID: 13121602 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 503 Capitol Court, NE, Suite 100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mary Landrieu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jack Kingston</b>		Transaction ID: 13302013 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P. O. Box 2133		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31402	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jack Kingston		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>C. Team Sununu</b>		Transaction ID: 13302228 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 500		Amount of Each Disbursement this Period 1000.00
City Rye State NH Zip Code 03870	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Spratt For Congress Committee</b>		Transaction ID: 13302437 Date of Disbursement 03 / 10 / 2006	
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00	
City York State SC Zip Code 29745	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. John M. Spratt, Jr.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>B. Jo Ann Davis For Congress</b>		Transaction ID: 13304511 Date of Disbursement 03 / 10 / 2006	
Mailing Address Post Office Box 1834		Amount of Each Disbursement this Period 1000.00	
City Yorktown State VA Zip Code 23692	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Jo Ann S. Davis	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>C. Mark Kennedy 06</b>		Transaction ID: 13302828 Date of Disbursement 03 / 10 / 2006	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 1000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement 011 Category/ Type	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Coble For Congress</b>		<b>Transaction ID: 13304799</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 1177		Amount of Each Disbursement this Period 1000.00
City Greensboro State NC Zip Code 27402		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Howard Coble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>B. Walsh For Congress Committee</b>		<b>Transaction ID: 13302648</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13215		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. James T. Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Clyburn</b>		<b>Transaction ID: 13304310</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 499 S Capitol St Suite 604		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement	011 Category/ Type	
Candidate Name James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 13305083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address Attn: Keri Ann Hayes 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 5000.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement	<input type="checkbox"/> 011 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Kent Conrad</b>		<b>Transaction ID:</b> 13303399 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND Zip Code 58502	
Purpose of Disbursement	<input type="checkbox"/> 011 Category/Type	
Candidate Name Sen. Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>C. Mike DeWine For US Senate</b>		<b>Transaction ID:</b> 13304670 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH Zip Code 43234	
Purpose of Disbursement	<input type="checkbox"/> 011 Category/Type	
Candidate Name Sen. Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Hobson For Congress</b>		<b>Transaction ID: 13297029</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1000.00
City Springfield State OH Zip Code 45503	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. David L. Hobson		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Amount of Each Disbursement this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Becerra For Congress</b>		<b>Transaction ID: 13301778</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 116		Amount of Each Disbursement this Period 1000.00
City Hyattsville State MD Zip Code 20781	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Xavier Becerra		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Amount of Each Disbursement this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Gordon Smith</b>		<b>Transaction ID: 13303617</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Gordon Smith		Disbursement For: 1996 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 1996 Debt Retirement
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Amount of Each Disbursement this Period 1000.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Pete King for Congress</b>		<b>Transaction ID: 13304029</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 1428		Amount of Each Disbursement this Period 5000.00
City Seaford State NY Zip Code 11783		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Peter King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>B. Jerry Weller For Congress Inc.</b>		<b>Transaction ID: 13420678</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 15283		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Gerald C. Weller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Robert C Byrd Committee</b>		<b>Transaction ID: 13420719</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 1300 Connecticut Avenue Nw Ste 600		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Robert C. Byrd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Casey for US Senate</b>		<b>Transaction ID: 13452335</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address P.O. Box 1177		Amount of Each Disbursement this Period 1000.00	
City Harrisburg State PA Zip Code 17108	Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Robert Casey			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>B. Impact America</b>		<b>Transaction ID: 13474330</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 1331 H Street, NW, 12th Floor		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Spratt For Congress Committee</b>		<b>Transaction ID: 13474271</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00	
City York State SC Zip Code 29745	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. John M. Spratt, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Porter for Congress</b>		<b>Transaction ID:</b> 13474226 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 26087		Amount of Each Disbursement this Period 2000.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jon Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>B. Marsha Blackburn for Congress</b>		<b>Transaction ID:</b> 13471144 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 682185		Amount of Each Disbursement this Period 1000.00
City Franklin State TN Zip Code 37068	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Marsha Blackburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>C. Tim Bishop for Congress</b>		<b>Transaction ID:</b> 13474268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 6 E Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Tim Bishop		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Friends of Corrine Brown</b>		<b>Transaction ID:</b> 13474243 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 3109 River Bend Court, #D102		Amount of Each Disbursement this Period 2000.00
City State Zip Code Laurel MD 20724	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Corrine Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>B. Friends of Sessions Senate Committee</b>		<b>Transaction ID:</b> 13474276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 929 Second Street, NE		Amount of Each Disbursement this Period 1000.00
City State Zip Code Washington DC 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jeff Sessions		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>C. Duncan for Congress</b>		<b>Transaction ID:</b> 13471303 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address C/O Don Walker 1318 Dewitt Avenue		Amount of Each Disbursement this Period 5000.00
City State Zip Code Alexandria VA 22310	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Duncan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Moran for Kansas</b>		<b>Transaction ID:</b> 13471319 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 228 S. Washington Street, Suite B-		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Jerry Moran		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

Full Name (Last, First, Middle Initial) <b>B. LaTourette For Congress Committee</b>		<b>Transaction ID:</b> 13471302 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 217 3rd Street, SE		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Steven C. LaTourette		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID:</b> 13474324 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 712		Amount of Each Disbursement this Period 2500.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Kuhl for Congress</b>		Transaction ID: 13474263 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address P. O. Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement 011 Category/ Type		
Candidate Name Randy Kuhl			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>B. Virginia Foxx For Congress</b>		Transaction ID: 13474332 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 1750		Amount of Each Disbursement this Period 1000.00	
City Blowing Rock State NC Zip Code 28605	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Virginia Foxx			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

Full Name (Last, First, Middle Initial) <b>C. Sue Myrick For Congress</b>		Transaction ID: 13474274 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Sue Myrick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 US Primary Elec		

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. The Senate Victory Fund</b>		<b>Transaction ID:</b> 13471305 Date of Disbursement
Mailing Address 228 South Washington Street Suite B-20		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Gordon Smith</b>		<b>Transaction ID:</b> 13483250 Date of Disbursement
Mailing Address 228 S Washington Ste 115		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Funds Reported On <Enter Report Name Her		<input type="text" value="1000.00"/>
Candidate Name Sen. Gordon Smith		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b> Funds Reported On <Enter Report Name Here>
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OR	District: 2	2006 US Primary Elec

Full Name (Last, First, Middle Initial) <b>C. Friends Of Gordon Smith</b>		<b>Transaction ID:</b> 13483251 Date of Disbursement
Mailing Address 228 S Washington Ste 115		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Re-designated funds for trans. dated 3/1		<input type="text" value="1000.00"/>
Candidate Name Sen. Gordon Smith		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>[MEMO ITEM]</b> Re-designated funds for trans. dated 3/10/2006
Disbursement For: 1996 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OR	District: 2	1996 Debt Retirement

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="61000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Norfolk Southern Good Government Fund

Full Name (Last, First, Middle Initial)

**A.** Norfolk Southern Corporation

Mailing Address 3 Commercial Place

City Norfolk State VA Zip Code 23510

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13097117

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

208.33

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

208.33

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

208.33