



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	11750.00	1206607.83
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	12750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11750.00	1193857.83
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	77344.17	499515.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	83.28	103.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77260.89	499411.27
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	594355.62	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Westmoreland for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

5950.00

744256.00

(ii) Unitemized.....

300.00

30709.00

(iii) TOTAL of contributions

6250.00

774965.00

from individuals..... ▶

0.00

282.66

(b) Political Party Committees.....

5500.00

431360.17

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

11750.00

1206607.83

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

83.28

103.83

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

11833.28

1206711.66

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	77344.17	499515.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	111000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	179000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	179000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7950.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	12750.00
21. OTHER DISBURSEMENTS.....	8500.00	130981.19
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	95844.17	933246.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	678366.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11833.28
25. SUBTOTAL (add Line 23 and Line 24).....	690199.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95844.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	594355.62

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 9 Beaugard Ct.

City Fayetteville State GA Zip Code 30215

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61020.C5020

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 1931 Oak Ave

City Columbus State GA Zip Code 31906-1433

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61020.C5022

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 1317 Cog Hill Ct

City Rock Hill State SC Zip Code 29730-8044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61020.C5021

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 505 W Union St

City Vienna State GA Zip Code 31092-1460

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61020.C5019

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 420 Rising Start Road

City Brooks State GA Zip Code 30205

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 61020.C5025

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P.O. Box 807

City Fortson State GA Zip Code 31808-0807

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

Name of Employer Troutman Sanders Occupation President Fed. Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61020.C5023

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 133 Gantt Lane

City Fayetteville State GA Zip Code 30215

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2006

Transaction ID: 61020.C5031

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address P.O. Box 1656

City Fayetteville State GA Zip Code 30214-6503

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2006

Transaction ID: 61020.C5017

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Vance Smith

Mailing Address P.O. Box 171

City State Zip Code  
Pine Mountain GA 31822

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

**Transaction ID:** 61020.C5024

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 50 F St NW Ste 900

City State Zip Code  
Washington DC 20001-1530

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

**Transaction ID:** 61020.C5027

Amount of Each Receipt this Period  
2500.00

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

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

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

City State Zip Code  
Annandale VA 22003

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2006

**Transaction ID:** 61020.C5028

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Southeast Milk SMI PAC

Mailing Address PO Box 3790

City State Zip Code  
Bellevue FL 34421-3790

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: 61020.C5029

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of Coweta</b>		Transaction ID: 61014.E1930 Date of Disbursement 10 / 01 / 2006
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 271.05
City Newnan State GA Zip Code 30264-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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. Office Depot</b>		Transaction ID: 61020.E1950 Date of Disbursement 10 / 01 / 2006
Mailing Address Augusta		Amount of Each Disbursement this Period 30.99
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		Transaction ID: 61014.E1933 Date of Disbursement 10 / 01 / 2006
Mailing Address 1775 Eye St. NW Suite 700		Amount of Each Disbursement this Period 129.75
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	400.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 61014.E1944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1775 Eye St. NW Suite 700		Amount of Each Disbursement this Period 1067.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-	Category/Type FUNDRAISING CONSULTING	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 61014.E1939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 4757 Highway 34 E		Amount of Each Disbursement this Period 108.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sharpsburg State GA Zip Code 30277-	Category/Type CELL PHONE	
Purpose of Disbursement CELL PHONE	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Coweta-Fayette Electric Membership Corp.</b>		<b>Transaction ID:</b> 61014.E1942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 530812		Amount of Each Disbursement this Period 70.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-0812	Category/Type POWER BILL	
Purpose of Disbursement POWER BILL	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1245.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Georgia Natural Gas</b>		<b>Transaction ID:</b> 61014.E1946 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 659411		Amount of Each Disbursement this Period 20.85
City San Antonio State TX Zip Code 78265-9411	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Category/ Type	UTILITIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Globe Telecommunications</b>		<b>Transaction ID:</b> 61014.E1947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 30 S. Court Square		Amount of Each Disbursement this Period 127.10
City Newnan State GA Zip Code 30263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Category/ Type	TELEPHONE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. McKenna, Long &amp; Aldrich</b>		<b>Transaction ID:</b> 61014.E1934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 303 Peachtree St		Amount of Each Disbursement this Period 1200.00
City Atlanta State GA Zip Code 30308-3201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL FEES	Category/ Type	LEGAL FEES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1347.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Professional Data Services</b>		<b>Transaction ID:</b> 61014.E1935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 337 S. Milledge Avenue, Ste. 101		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State GA Zip Code 30605-	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPLIANCE CONSULTING

Full Name (Last, First, Middle Initial) <b>B. Public Opinion Strategies</b>		<b>Transaction ID:</b> 61014.E1945 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 227 S. Washington Street Suite 320		Amount of Each Disbursement this Period 12000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement POLLING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLLING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. RC Development</b>		<b>Transaction ID:</b> 61020.E1952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 2753 East Hwy 34 Suite 2		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30265-	Purpose of Disbursement RENT 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) ▼	RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group</b>		<b>Transaction ID:</b> 61014.E1928 Date of Disbursement
Mailing Address 13010 Morris Road Sixth Floor		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Alpharetta	State GA	Zip Code 30004-
Purpose of Disbursement DIRECT MAIL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="50176.23"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>DIRECT MAIL</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 61014.E1929 Date of Disbursement
Mailing Address P.O. Box 660108		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Dallas	State TX	Zip Code 75266-0108
Purpose of Disbursement CELL PHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="166.76"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CELL PHONE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 61014.E1932 Date of Disbursement
Mailing Address P.O. Box 660108		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Dallas	State TX	Zip Code 75266-0108
Purpose of Disbursement CELL PHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="130.52"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CELL PHONE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="50473.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 61014.E1943 Date of Disbursement
Mailing Address P.O. Box 660108		<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dallas	State TX	Zip Code 75266-0108
Purpose of Disbursement CELL PHONE		Amount of Each Disbursement this Period <input type="text" value="154.98"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	CELL PHONE	

Full Name (Last, First, Middle Initial) <b>B. Willis Consulting</b>		<b>Transaction ID:</b> 61014.E1931 Date of Disbursement
Mailing Address 3126 Bransford Road		<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Augusta	State GA	Zip Code 30909-
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) <b>C. Willis Consulting</b>		<b>Transaction ID:</b> 61014.E1948 Date of Disbursement
Mailing Address 3126 Bransford Road		<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Augusta	State GA	Zip Code 30909-
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period <input type="text" value="7621.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FUNDRAISING CONSULTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9775.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="77344.17"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)  
Lynn Westmoreland

Mailing Address 25 Bretts Bend

City State Zip Code  
Sharpsburg GA 30277-

Purpose of Disbursement  
Repay Loan Made/Guar. by Cand Loan Repay

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61014.E1936  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		0	1		2	0	0	6

Amount of Each Disbursement this Period

10000.00
----------

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

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

10000.00
----------

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

10000.00
----------



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Brent Brown for Labor Commissioner</b>		<b>Transaction ID: 61014.E1940</b> Date of Disbursement 10 / 04 / 2006
Mailing Address 1479 Spring St NW		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30309-2835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. Casey Cagle for Lt. Governor</b>		<b>Transaction ID: 61014.E1938</b> Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 489		Amount of Each Disbursement this Period 2500.00
City Oakwood State GA Zip Code 30566-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. Georgigans for Karen Handel</b>		<b>Transaction ID: 61014.E1941</b> Date of Disbursement 10 / 04 / 2006
Mailing Address PO Box 1310		Amount of Each Disbursement this Period 3000.00
City Atlanta State GA Zip Code 30301-1310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 19

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

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial)

**A.** Friends of Chip Pearson

Mailing Address 209 Fawn Dr

City Dawsonville State GA Zip Code 30534-2818

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61014.E1937

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		0	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00
---------

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

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

2000.00

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

8500.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**Transaction ID: LS0804200441C2708**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lynn Westmoreland - Personal Funds	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Run-Off 2004
Mailing Address 25 Bretts Bend	
City Sharpsburg State GA ZIP Code 30277-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	100000.00	0.00

**TERMS**

Date Incurred MM DD YY YY 08 06 2004	Date Due 20061231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

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