

# 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  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

ADDRESS (number and street) 1 ENERGY PLACE  
 Check if different than previously reported. (ACC)  
PENSACOLA FL 32520

2. **FEC IDENTIFICATION NUMBER** C00120519  
**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 (12S)  
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 02 01 2009 through 02 28 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RONALD F GRISSOM

Signature of Treasurer Electronically Filed by RONALD F GRISSOM Date 09 22 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19647.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	19798.28									
(c) Total Receipts (from Line 19) .....	262.21	5413.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20060.49	25060.49								
7. Total Disbursements (from Line 31) .....	9950.00	14950.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10110.49	10110.49								
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

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	191.95	1491.95
(ii) Unitemized .....	59.87	3895.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	251.82	5387.39
(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) .....	251.82	5387.39
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.) .....	10.39	25.68
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)) .....	262.21	5413.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	262.21	5413.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	5000.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	9950.00	9950.00
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))..	9950.00	14950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9950.00	14950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	251.82	5387.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	251.82	5387.39
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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(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"/> 13	<input type="checkbox"/> 14	<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)  
**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC**

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL B JACOB		Date of Receipt	
	Mailing Address 1322 Quiet Cove Ct		M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID: SA11AI.17378</b>
	Gulf Breeze	FL	32563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		<b>C</b>	191.95
	Name of Employer GULF POWER		Occupation VP	<b>MONTHLY PAYROLL DEDUCTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	383.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>191.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>191.95</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)

<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

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)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

<b>A.</b>	Full Name (Last, First, Middle Initial) ELLYN BOGDANOFF <hr/> Mailing Address PO BOX 460058 <hr/> City FT LAUDERDALE State FL Zip Code 33346 <hr/> Purpose of Disbursement FL HOUSE DIST 91 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 91	Transaction ID: SB29.17387 Date of Disbursement 02 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DEBBIE BOYD <hr/> Mailing Address PO Box 95 <hr/> City NEWBERRY State FL Zip Code 32669 <hr/> Purpose of Disbursement FL HOUSE DIST 11 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 11	Transaction ID: SB29.17388 Date of Disbursement 02 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) RONALD BRISE <hr/> Mailing Address 12864 BISCAYNE BLVD #380 <hr/> City NORTH MIAMI State FL Zip Code 33181 <hr/> Purpose of Disbursement FL HOUSE DIST 108 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	Transaction ID: SB29.17390 Date of Disbursement 02 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 250.00

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

750.00

**TOTAL** 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 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

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)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

A.	Full Name (Last, First, Middle Initial) DEAN CANNON	Transaction ID: SB29.17381 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. BOX 3068	Amount of Each Disbursement this Period 500.00
	City ORLANDO State FL Zip Code 32802	
	Purpose of Disbursement FL HOUSE DIST 35	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 35	

B.	Full Name (Last, First, Middle Initial) MARTI COLEY	Transaction ID: SB29.17391 Date of Disbursement 02 / 24 / 2009
	Mailing Address 5130 PRESIDENTS CIRCLE	Amount of Each Disbursement this Period 300.00
	City MARIANNA State FL Zip Code 32446	
	Purpose of Disbursement FL HOUSE DIST 7	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 07	

C.	Full Name (Last, First, Middle Initial) BRAD DRAKE	Transaction ID: SB29.18531 Date of Disbursement 02 / 24 / 2009
	Mailing Address 994 MCCALL DAIRY RD	Amount of Each Disbursement this Period 300.00
	City DEFUNIAK SPRINGS State FL Zip Code 32435	
	Purpose of Disbursement FL HOUSE DIST 5	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1100.00
<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 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

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)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

A.	Full Name (Last, First, Middle Initial) HOUSE VICTORY 2010 FL DEMOCRATIC PARTY	Transaction ID: SB29.17397 Date of Disbursement 02 / 02 / 2009
	Mailing Address 200 W COLLEGE AVE STE 210	Amount of Each Disbursement this Period 500.00
	City TALLAHASSEE State FL Zip Code 32301	
	Purpose of Disbursement FL DEMOCRATIC EVENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ARTHENIA L JOYNER	Transaction ID: SB29.17399 Date of Disbursement 02 / 24 / 2009
	Mailing Address 1112 E KENNEDY BLVD	Amount of Each Disbursement this Period 300.00
	City TAMPA State FL Zip Code 33602	
	Purpose of Disbursement FL HOUSE DIST 18	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 18	

C.	Full Name (Last, First, Middle Initial) PAIGE KREEGEL	Transaction ID: SB29.17382 Date of Disbursement 02 / 02 / 2009
	Mailing Address 2081 SANDY PINE DRIVE	Amount of Each Disbursement this Period 500.00
	City PUNTA GORDA State FL Zip Code 33982	
	Purpose of Disbursement FL HOUSE DIST 72	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 72	

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

1300.00

TOTAL 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 10 / 11

<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

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)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

A.	Full Name (Last, First, Middle Initial) DEBORAH J MAYFIELD	Transaction ID: SB29.17389 Date of Disbursement
	Mailing Address PO BOX 644127	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City VERO BEACH State FL Zip Code 32964	Amount of Each Disbursement this Period
	Purpose of Disbursement FL HOUSE DIST 80	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 80	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIMMY PATRONIS	Transaction ID: SB29.17386 Date of Disbursement
	Mailing Address 8717 N LAGOON DR	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City PANAMA CITY State FL Zip Code 32408	Amount of Each Disbursement this Period
	Purpose of Disbursement FL HOUSE DIST 6	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRANKLIN SANDS	Transaction ID: SB29.17383 Date of Disbursement
	Mailing Address 16170 SADDLE LANE	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City WESTON State FL Zip Code 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement FL HOUSE DIST 98	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 98	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 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

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)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

A.	Full Name (Last, First, Middle Initial) SENATE MAJORITY 2010 REPUBLICAN PARTY OF FL <hr/> Mailing Address 420 E JEFFERSON ST <hr/> City TALLAHASSEE State FL Zip Code 32301 <hr/> Purpose of Disbursement REPUBLICAN PARTY EVENT Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: SB29.17398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) WILLIAM WEATHERFORD <hr/> Mailing Address 1646 PARKER POINT <hr/> City ODESSA State FL Zip Code 33556 <hr/> Purpose of Disbursement FL HOUSE DIST 61 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 61	Transaction ID: SB29.17380 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) RITCH WORKMAN <hr/> Mailing Address 6450 ANDERSON WAY <hr/> City MELBOURNE State FL Zip Code 32940 <hr/> Purpose of Disbursement FL HOUSE DIST 30 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 30	Transaction ID: SB29.17384 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9950.00