

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 EMPLOYEES INC

ADDRESS (number and street) 1 ENERGY PLACE

Check if different than previously reported. (ACC) PENSACOLA FL 32520

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 07 2006 in the State of FL

5. Covering Period 10 19 2006 through 11 27 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 RONALD F GRISSOM

Signature of Treasurer Electronically Filed by RONALD F GRISSOM Date 12 06 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.

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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		63801.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	9737.04									
(c) Total Receipts (from Line 19)	8893.26	52277.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18630.30	116079.55								
7. Total Disbursements (from Line 31)	1000.00	98449.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17630.30	17630.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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 EMPLOYEES INC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	6508.63	26621.14
(i) Itemized (use Schedule A)	2320.06	24954.41
(ii) Unitemized	8828.69	51575.55
(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)	8828.69	51575.55
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.)	64.57	702.22
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))	8893.26	52277.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8893.26	52277.77

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	199.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	199.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	20500.00
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.....	0.00	77750.00
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))..	1000.00	98449.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	98449.25

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)	8828.69	51575.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8828.69	51575.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	199.25
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	199.25

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 / 49
	<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	

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 EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. Richard Adams		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 3715 Piedmont Road		Transaction ID: SA11A1.12441	
City State Zip Code Pensacola FL 32503-3424	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer Gulf Power	Occupation Communications Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Katherine A Ames		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 3066 Lianna Lane		Transaction ID: SA11A1.12263	
City State Zip Code Pensacola FL 32505	Amount of Each Receipt this Period 36.64		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer Gulf Power	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.06		

Full Name (Last, First, Middle Initial) C. Katherine A Ames		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 3066 Lianna Lane		Transaction ID: SA11A1.12443	
City State Zip Code Pensacola FL 32505	Amount of Each Receipt this Period 36.64		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer Gulf Power	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.70		

SUBTOTAL of Receipts This Page (optional) ▶	93.28
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
WILLIAM W AYCOCK

Mailing Address PANAMA CITY DIST OFFICE

City PANAMA CITY State FL Zip Code

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

Name of Employer Occupation
ENGINEERING & CONSTRUCTION MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.40

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12266

Amount of Each Receipt this Period
45.33

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
WILLIAM W AYCOCK

Mailing Address PANAMA CITY DIST OFFICE

City PANAMA CITY State FL Zip Code

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

Name of Employer Occupation
ENGINEERING & CONSTRUCTION MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.73

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

Transaction ID: SA11A1.12446

Amount of Each Receipt this Period
45.33

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
Albert R Barfield

Mailing Address 5663 Meadowlark Lane

City Milton State FL Zip Code 32570-8770

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

Name of Employer Occupation
Gulf Power Market Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.48

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12267

Amount of Each Receipt this Period
42.74

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **133.40**

TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
Albert R Barfield

Mailing Address 5663 Meadowlark Lane

City State Zip Code
Milton FL 32570-8770

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

Name of Employer Occupation
Gulf Power Market Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 468.22

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

Transaction ID: SA11A1.12447

Amount of Each Receipt this Period
42.74

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
RICHARD E BROCK

Mailing Address 314 AEGEAN DRIVE

City State Zip Code
MILTON FL 32583-3300

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

Name of Employer Occupation
GULF POWER FIN ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12276

Amount of Each Receipt this Period
26.83

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
RICHARD E BROCK

Mailing Address 314 AEGEAN DRIVE

City State Zip Code
MILTON FL 32583-3300

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

Name of Employer Occupation
GULF POWER FIN ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.13

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

Transaction ID: SA11A1.12456

Amount of Each Receipt this Period
26.83

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	96.40
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. DONALD R BRYANT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address		Transaction ID: SA11A1.12277
City State Zip Code	Amount of Each Receipt this Period 31.67	
FEC ID number of contributing federal political committee. C	monthly payroll deduction	
Name of Employer GULF POWER	Occupation TEAM LEADER/CRIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.28	

Full Name (Last, First, Middle Initial) B. DONALD R BRYANT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address		Transaction ID: SA11A1.12457
City State Zip Code	Amount of Each Receipt this Period 31.67	
FEC ID number of contributing federal political committee. C	monthly payroll deduction	
Name of Employer GULF POWER	Occupation TEAM LEADER/CRIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.95	

Full Name (Last, First, Middle Initial) C. WILLIAM GOLAN BUCK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 124 W MALLORY ST		Transaction ID: SA11A1.12278
City State Zip Code PENSACOLA FL 32501	Amount of Each Receipt this Period 31.12	
FEC ID number of contributing federal political committee. C	monthly payroll deduction	
Name of Employer GULF POWER	Occupation FINANCIAL ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.46	

SUBTOTAL of Receipts This Page (optional) ▶	94.46
TOTAL 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 10 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
WILLIAM GOLAN BUCK

Mailing Address 124 W MALLORY ST

City PENSACOLA State FL Zip Code 32501

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

Name of Employer GULF POWER Occupation FINANCIAL ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.58

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

Transaction ID: SA11A1.12458

Amount of Each Receipt this Period
31.12

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JAMES D BURRIS

Mailing Address 6024 CURTIS RD

City PACE State FL Zip Code 32571-9790

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

Name of Employer GULF POWER Occupation SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 404.42

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12280

Amount of Each Receipt this Period
40.78

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JAMES D BURRIS

Mailing Address 6024 CURTIS RD

City PACE State FL Zip Code 32571-9790

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

Name of Employer GULF POWER Occupation SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.20

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

Transaction ID: SA11A1.12460

Amount of Each Receipt this Period
40.78

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	112.68
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
JOHN W CARRELL

Mailing Address 6216 KIRSTEN DR

City PENSACOLA State FL Zip Code 32504

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

Name of Employer GULF POWER Occupation ENERGY CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12282

Amount of Each Receipt this Period
 40.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JOHN W CARRELL

Mailing Address 6216 KIRSTEN DR

City PENSACOLA State FL Zip Code 32504

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

Name of Employer GULF POWER Occupation ENERGY CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

Transaction ID: SA11A1.12463

Amount of Each Receipt this Period
 40.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JAMES L CARTER

Mailing Address 1436 PLAYERS CLUB CIRCLE

City GULF BREEZE State FL Zip Code 32563-3522

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12284

Amount of Each Receipt this Period
 25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
JAMES L CARTER

Mailing Address **1436 PLAYERS CLUB CIRCLE**

City **GULF BREEZE** State **FL** Zip Code **32563-3522**

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

Name of Employer **GULF POWER** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

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

Transaction ID: SA11A1.12466

Amount of Each Receipt this Period

25.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
DANIEL CHILDS

Mailing Address **877 W 9 1/2 MILE ROAD**

City **PENSACOLA** State **FL** Zip Code **32534**

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

Name of Employer **SOUTHERN COMPANY SERVICES** Occupation **BUSINESS ANALYST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.12427

Amount of Each Receipt this Period

25.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
DANIEL CHILDS

Mailing Address **877 W 9 1/2 MILE ROAD**

City **PENSACOLA** State **FL** Zip Code **32534**

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

Name of Employer **SOUTHERN COMPANY SERVICES** Occupation **BUSINESS ANALYST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

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

Transaction ID: SA11A1.12607

Amount of Each Receipt this Period

25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL 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 13 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. ERNEST C CONNOR, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 201 POINCIANA DR		Transaction ID: SA11A1.12285	
City State Zip Code GULF POWER FL 32561-4347	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation TEAM LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. ERNEST C CONNOR, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 201 POINCIANA DR		Transaction ID: SA11A1.12467	
City State Zip Code GULF POWER FL 32561-4347	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation TEAM LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) C. BOBBY B CORDES, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 7416 CAMALE DR		Transaction ID: SA11A1.12468	
City State Zip Code PENSACOLA FL 32504-6751	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	220.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
AMY LYNN DANIEL

Mailing Address 4304 GRANDPOINTE PLACE

City PENSACOLA State FL Zip Code 32514-7840

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

Name of Employer GULF POWER Occupation ACCT ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12288

Amount of Each Receipt this Period
43.64

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
AMY LYNN DANIEL

Mailing Address 4304 GRANDPOINTE PLACE

City PENSACOLA State FL Zip Code 32514-7840

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

Name of Employer GULF POWER Occupation ACCT ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.50

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

Transaction ID: SA11A1.12470

Amount of Each Receipt this Period
43.64

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
ROBERT P DOBSON

Mailing Address 248 BOB SKIE RD

City DEFUNIAK SPRINGS State FL Zip Code 32435

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12290

Amount of Each Receipt this Period
35.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	122.28
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
ROBERT P DOBSON

Mailing Address 248 BOB SKIE RD

City State Zip Code
DEFUNIAK SPRINGS FL 32435

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

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

Transaction ID: SA11A1.12472

Amount of Each Receipt this Period
35.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JOHN M DOMINEY

Mailing Address 331 CAMBORNE PLACE

City State Zip Code
PENSACOLA FL 32506-4921

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

Name of Employer Occupation
GULF POWER ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.35

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

Transaction ID: SA11A1.12473

Amount of Each Receipt this Period
18.47

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
BARBARA LYNN ERICKSON

Mailing Address 3309 EDGEWATER DRIVE

City State Zip Code
GULF BREEZE FL 32563

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

Name of Employer Occupation
GULF POWER SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.12477

Amount of Each Receipt this Period
20.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	73.47
TOTAL 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 16 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
DAVID R ERICKSON

Mailing Address

City State Zip Code

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

Name of Employer
GULF POWER

Occupation
FEDERAL CONTRACTS/PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11A1.12437

Amount of Each Receipt this Period
20.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
FRANCIS M FISHER, JR

Mailing Address 2320 OXFORD DR

City State Zip Code
PENSACOLA FL 32503-5042

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

Name of Employer
GULF POWER

Occupation
VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1970.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.12296

Amount of Each Receipt this Period
198.02

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
FRANCIS M FISHER, JR

Mailing Address 2320 OXFORD DR

City State Zip Code
PENSACOLA FL 32503-5042

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

Name of Employer
GULF POWER

Occupation
VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2168.56

Date of Receipt

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

Transaction ID: SA11A1.12478

Amount of Each Receipt this Period
198.02

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	416.04
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

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

Mailing Address 105 HIGHPOINT DR

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer Occupation
GULF POWER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12297

Amount of Each Receipt this Period
25.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JOHN FLOYD

Mailing Address 105 HIGHPOINT DR

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer Occupation
GULF POWER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: SA11A1.12479

Amount of Each Receipt this Period
25.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
EDWARD E GRAYSON

Mailing Address

City State Zip Code

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

Name of Employer Occupation
GULF POWER TALENT MANAGER COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12438

Amount of Each Receipt this Period
25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RONALD F GRISSOM

Mailing Address 154 HOMEWOOD DR

City State Zip Code
FT WALTON BEACH FL 32548-6339

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

Name of Employer Occupation
GULF POWER SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
414.36

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12304

Amount of Each Receipt this Period
41.78

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
RONALD F GRISSOM

Mailing Address 154 HOMEWOOD DR

City State Zip Code
FT WALTON BEACH FL 32548-6339

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

Name of Employer Occupation
GULF POWER SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
456.14

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

Transaction ID: SA11A1.12486

Amount of Each Receipt this Period
41.78

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
RAYMOND W GROVE

Mailing Address 1407 EAST BLOUNT ST

City State Zip Code
PENSACOLA FL 32503-5619

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

Name of Employer Occupation
SOUTHERN COMPANY SERVICES SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.98

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12429

Amount of Each Receipt this Period
22.29

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	105.85
TOTAL 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 19 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RAYMOND W GROVE

Mailing Address 1407 EAST BLOUNT ST

City State Zip Code
PENSACOLA FL 32503-5619

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

Name of Employer Occupation
SOUTHERN COMPANY SERVICES SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
243.27

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

Transaction ID: SA11A1.12609

Amount of Each Receipt this Period
22.29

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
GREGORY D HARRISON

Mailing Address 4865 MANOLETE

City State Zip Code
PENSACOLA FL 32504-9039

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12305

Amount of Each Receipt this Period
25.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
GREGORY D HARRISON

Mailing Address 4865 MANOLETE

City State Zip Code
PENSACOLA FL 32504-9039

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: SA11A1.12487

Amount of Each Receipt this Period
25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	72.29
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
ROBERT S HASKEW

Mailing Address 2866 H HARRISON AVE

City PANAMA CITY State FL Zip Code 32405

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

Name of Employer GULF POWER Occupation GROUP LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12306

Amount of Each Receipt this Period
 45.47

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
ROBERT S HASKEW

Mailing Address 2866 H HARRISON AVE

City PANAMA CITY State FL Zip Code 32405

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

Name of Employer GULF POWER Occupation GROUP LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 497.27

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

Transaction ID: SA11A1.12488

Amount of Each Receipt this Period
 45.47

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JOHN L HUTCHINSON

Mailing Address 4750 BAYWIND DR

City PENSACOLA State FL Zip Code 32514-7814

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12312

Amount of Each Receipt this Period
 25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	115.94
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. JOHN L HUTCHINSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4750 BAYWIND DR		Transaction ID: SA11A1.12494
City PENSACOLA	State FL	Zip Code 32514-7814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GULF POWER	Occupation MANAGER	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SCOTT W JACKSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2823 WAVA AVENUE		Transaction ID: SA11A1.12314
City NICEVILLE	State FL	Zip Code 32578-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GULF POWER	Occupation ENERGY CONSULTANT	monthly payroll deduction
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) C. SCOTT W JACKSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 2823 WAVA AVENUE		Transaction ID: SA11A1.12496
City NICEVILLE	State FL	Zip Code 32578-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GULF POWER	Occupation ENERGY CONSULTANT	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
PAUL B JACOB

Mailing Address 1322 Quiet Cove Ct

City State Zip Code
Gulf Breeze FL 32563

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

Name of Employer Occupation
GULF POWER VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1820.08

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 09 / 2006

Transaction ID: SA11A1.12439

Amount of Each Receipt this Period
167.30

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
J THOMAS KILGORE, JR

Mailing Address 1820 EAST LA RUA ST

City State Zip Code
PENSACOLA FL 32501

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
678.76

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID: SA11A1.12322

Amount of Each Receipt this Period
68.44

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
J THOMAS KILGORE, JR

Mailing Address 1820 EAST LA RUA ST

City State Zip Code
PENSACOLA FL 32501

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
747.20

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 27 / 2006

Transaction ID: SA11A1.12502

Amount of Each Receipt this Period
68.44

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	304.18
TOTAL 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 / 49		
	<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

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 EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. ALVAN D KING		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4337 DELEN DR		Transaction ID: SA11A1.12323
City PANAMA CITY	State FL	Zip Code 32404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.23
Name of Employer GULF POWER	Occupation SUPERVISOR	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.30	

Full Name (Last, First, Middle Initial) B. JAMES L KUBIK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1167 SAWGRASS DR		Transaction ID: SA11A1.12325
City GULF BREEZE	State FL	Zip Code 32561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GULF POWER	Occupation MARKETING	monthly payroll deduction
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) C. JAMES L KUBIK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1167 SAWGRASS DR		Transaction ID: SA11A1.12504
City GULF BREEZE	State FL	Zip Code 32561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GULF POWER	Occupation MARKETING	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	77.23
TOTAL 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 24 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RONNIE R LABRATO

Mailing Address 549 MILESTONE BLVD

City State Zip Code
CANTONMENT FL 32533-6552

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

Name of Employer Occupation
GULF POWER VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1831.10

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12326

Amount of Each Receipt this Period
184.53

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
RONNIE R LABRATO

Mailing Address 549 MILESTONE BLVD

City State Zip Code
CANTONMENT FL 32533-6552

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

Name of Employer Occupation
GULF POWER VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2015.63

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

Transaction ID: SA11A1.12505

Amount of Each Receipt this Period
184.53

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
ROBERT G LIVINGSTON

Mailing Address 2470 PALE TIGER CT

City State Zip Code
TALLAHASSEE FL 32308-7015

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

Name of Employer Occupation
GULF POWER MANGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12331

Amount of Each Receipt this Period
60.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	429.06
TOTAL 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 25 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. ROBERT G LIVINGSTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2470 PALE TIGER CT		Transaction ID: SA11A1.12510	
City State Zip Code TALLAHASSEE FL 32308-7015	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation MANGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) B. VICKI L MACK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1731 9 1/2 MILE RD		Transaction ID: SA11A1.12430	
City State Zip Code CANTONMENT FL 32533	Amount of Each Receipt this Period 26.68		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer SOUTHERN COMPANY SERVICES	Occupation BUDGET ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.54		

Full Name (Last, First, Middle Initial) C. VICKI L MACK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 1731 9 1/2 MILE RD		Transaction ID: SA11A1.12610	
City State Zip Code CANTONMENT FL 32533	Amount of Each Receipt this Period 26.68		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer SOUTHERN COMPANY SERVICES	Occupation BUDGET ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.22		

SUBTOTAL of Receipts This Page (optional) ▶	113.36
TOTAL 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 26 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RICHARD MANDES, Jr.
Mailing Address 4432 SOUNDSIDE DR

City	State	Zip Code
GULF BREEZE	FL	32563

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

Name of Employer GULF POWER	Occupation MGR
--------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1272.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.12333

Amount of Each Receipt this Period
128.58

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
RICHARD MANDES, Jr.
Mailing Address 4432 SOUNDSIDE DR

City	State	Zip Code
GULF BREEZE	FL	32563

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

Name of Employer GULF POWER	Occupation MGR
--------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1401.44

Date of Receipt

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

Transaction ID: SA11A1.12512

Amount of Each Receipt this Period
128.58

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JIMMY F MANNING
Mailing Address 3265 COPPER RIDGE CIRCLE

City	State	Zip Code
CANTONMENT	FL	32533-6509

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

Name of Employer GULF POWER	Occupation MANAGER
--------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.12334

Amount of Each Receipt this Period
30.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	287.16
TOTAL 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 27 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
JIMMY F MANNING

Mailing Address 3265 COPPER RIDGE CIRCLE

City State Zip Code
CANTONMENT FL 32533-6509

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

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

Transaction ID: SA11A1.12513

Amount of Each Receipt this Period
30.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
RICHARD M MARKEY

Mailing Address 2109 ST ANDREWS DR

City State Zip Code
CANTONMENT FL 32533

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

Name of Employer Occupation
GULF POWER GEOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 409.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12336

Amount of Each Receipt this Period
41.26

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
RICHARD M MARKEY

Mailing Address 2109 ST ANDREWS DR

City State Zip Code
CANTONMENT FL 32533

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

Name of Employer Occupation
GULF POWER GEOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.76

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

Transaction ID: SA11A1.12515

Amount of Each Receipt this Period
41.26

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	112.52
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial) RHONDA J MARTIN Mailing Address 8301 E HWY 90 City MILTON State FL Zip Code 32583 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.12517 Amount of Each Receipt this Period 19.61 monthly payroll deduction
Name of Employer: GULF POWER Occupation: SUPERVISOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 211.06		

B. Full Name (Last, First, Middle Initial) RICKY M MARTIN Mailing Address 1236 COURT AVENUE City CHIPLEY State FL Zip Code 32428 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.12339 Amount of Each Receipt this Period 25.00 monthly payroll deduction
Name of Employer: GULF POWER Occupation: MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 250.00		

C. Full Name (Last, First, Middle Initial) RICKY M MARTIN Mailing Address 1236 COURT AVENUE City CHIPLEY State FL Zip Code 32428 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.12518 Amount of Each Receipt this Period 25.00 monthly payroll deduction
Name of Employer: GULF POWER Occupation: MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 275.00		

SUBTOTAL of Receipts This Page (optional)	69.61
TOTAL 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 29 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. MARION F MAYO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address		Transaction ID: SA11A1.12340	
City State Zip Code		Amount of Each Receipt this Period 37.13	
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER SMITH PLANT	Occupation TEAM LEADER CONTROL ROOM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.56		

Full Name (Last, First, Middle Initial) B. MARION F MAYO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address		Transaction ID: SA11A1.12519	
City State Zip Code		Amount of Each Receipt this Period 37.13	
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER SMITH PLANT	Occupation TEAM LEADER CONTROL ROOM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.69		

Full Name (Last, First, Middle Initial) C. ALAN G MCDANIEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 2391 INVERNESS DR		Transaction ID: SA11A1.12343	
City State Zip Code PENSACOLA FL 32503-5049		Amount of Each Receipt this Period 51.69	
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.90		

SUBTOTAL of Receipts This Page (optional) ▶	125.95
TOTAL 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 30 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
ALAN G MCDANIEL

Mailing Address 2391 INVERNESS DR

City State Zip Code
PENSACOLA FL 32503-5049

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
568.59

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

Transaction ID: SA11A1.12522

Amount of Each Receipt this Period
51.69

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
KIMBERLY E MCDANIEL

Mailing Address 5655 BEALE FORD RD
LOT 75

City State Zip Code
MILTON FL 32571-9502

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

Name of Employer Occupation
GULF POWER SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
219.31

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

Transaction ID: SA11A1.12523

Amount of Each Receipt this Period
20.11

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
ROBERT S MCLENDON

Mailing Address 11621 CHANTICLEER DR

City State Zip Code
PENSACOLA FL 32507-9169

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

Name of Employer Occupation
GULF POWER SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: SA11A1.12527

Amount of Each Receipt this Period
20.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	91.80
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. JERRY L MINTZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 2201 INVERNESS DR		Transaction ID: SA11A1.12532
City PENSACOLA	State FL	Zip Code 32503-5028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GULF POWER	Occupation SUPERVISOR	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. WALTER D MULLINS, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 11557 SORENTO RD		Transaction ID: SA11A1.12359
City PENSACOLA	State FL	Zip Code 32507-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.11
Name of Employer GULF POWER	Occupation MANAGER	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1151.52	

Full Name (Last, First, Middle Initial) C. WALTER D MULLINS, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 11557 SORENTO RD		Transaction ID: SA11A1.12537
City PENSACOLA	State FL	Zip Code 32507-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.11
Name of Employer GULF POWER	Occupation MANAGER	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1267.63	

SUBTOTAL of Receipts This Page (optional)	▶	252.22
TOTAL 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 32 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. MARGARET D NEYMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 102 HIGHPOINT DR		Transaction ID: SA11A1.12361
City State Zip Code GULF BREEZE FL 32561-4016	Amount of Each Receipt this Period 91.62	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 905.34	

Full Name (Last, First, Middle Initial) B. MARGARET D NEYMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 102 HIGHPOINT DR		Transaction ID: SA11A1.12539
City State Zip Code GULF BREEZE FL 32561-4016	Amount of Each Receipt this Period 91.62	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.96	

Full Name (Last, First, Middle Initial) C. WARREN NEAL O'SHIELDS, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address		Transaction ID: SA11A1.12542
City State Zip Code	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER COMPANY	Occupation SCHOLZ PLANT CONTROL ROOM/O&M MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	203.24
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. Gordon A Paulus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1160 Great Oaks Court		Transaction ID: SA11A1.12367
City State Zip Code Gulf Breeze FL 32563	Amount of Each Receipt this Period 24.33 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Gulf Power Communications specialist I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.04	

Full Name (Last, First, Middle Initial) B. Gordon A Paulus		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1160 Great Oaks Court		Transaction ID: SA11A1.12545
City State Zip Code Gulf Breeze FL 32563	Amount of Each Receipt this Period 24.33 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Gulf Power Communications specialist I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.37	

Full Name (Last, First, Middle Initial) C. SHARON PINKERTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 3241 WYTHE CIR		Transaction ID: SA11A1.12547
City State Zip Code PENSACOLA FL 32504-4803	Amount of Each Receipt this Period 20.00 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation GULF POWER SUPERVISOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	68.66
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
WILLIAM F POPE

Mailing Address 3030 E KINGSFIELD RD

City PENSACOLA State FL Zip Code 32514-9737

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

Name of Employer GULF POWER Occupation PLANNING COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 673.06

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12370

Amount of Each Receipt this Period
69.13

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
WILLIAM F POPE

Mailing Address 3030 E KINGSFIELD RD

City PENSACOLA State FL Zip Code 32514-9737

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

Name of Employer GULF POWER Occupation PLANNING COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 742.19

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

Transaction ID: SA11A1.12549

Amount of Each Receipt this Period
69.13

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
CARL A PUNYKO

Mailing Address 4154 N CAMBRIDGE WAY

City PACE State FL Zip Code 32571

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

Name of Employer GULF POWER Occupation COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 911.05

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12372

Amount of Each Receipt this Period
95.83

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	234.09
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
CARL A PUNYKO

Mailing Address 4154 N CAMBRIDGE WAY

City PACE State FL Zip Code 32571

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

Name of Employer GULF POWER Occupation COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.88

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

Transaction ID: SA11A1.12551

Amount of Each Receipt this Period
 95.83

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
ROBIN A PUNYKO

Mailing Address 4154 N CAMBRIDGE WAY

City PACE State FL Zip Code 32571

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

Name of Employer GULF POWER Occupation ENERGY CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.70

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

Transaction ID: SA11A1.12552

Amount of Each Receipt this Period
 21.65

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
SUSAN DANIEL RITENOUR

Mailing Address 4241 BRIGHTON DR

City PENSACOLA State FL Zip Code 32504-4928

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12379

Amount of Each Receipt this Period
 50.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	167.48
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. SUSAN DANIEL RITENOUR		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 4241 BRIGHTON DR		Transaction ID: SA11A1.12558
City PENSACOLA	State FL	Zip Code 32504-4928
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer GULF POWER	Occupation MANAGER	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. LINDA ROBINSON		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 5843 HILCREST DR		Transaction ID: SA11A1.12560
City CRESTVIEW	State FL	Zip Code 32539-8120
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GULF POWER	Occupation MANAGER	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. PATRICK JOHN RYAN		Date of Receipt MM / DD / YYYY 10 / 30 / 2006
Mailing Address		Transaction ID: SA11A1.12385
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.37
Name of Employer GULF POWER	Occupation MARKET SEGMENT SPECIALIST	monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.62	

SUBTOTAL of Receipts This Page (optional)	▶	95.37
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
PATRICK JOHN RYAN

Mailing Address

City State Zip Code

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

Name of Employer
GULF POWER

Occupation
MARKET SEGMENT SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.99

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2006

Transaction ID: SA11A1.12567

Amount of Each Receipt this Period
25.37

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JOHN T SCARBROUGH, JR

Mailing Address 1680 COLLEGE PKWY

City State Zip Code
GULF BREEZE FL 32563

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

Name of Employer
GULF POWER

Occupation
MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
959.08

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2006

Transaction ID: SA11A1.12388

Amount of Each Receipt this Period
96.34

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JOHN T SCARBROUGH, JR

Mailing Address 1680 COLLEGE PKWY

City State Zip Code
GULF BREEZE FL 32563

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

Name of Employer
GULF POWER

Occupation
MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1055.42

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2006

Transaction ID: SA11A1.12570

Amount of Each Receipt this Period
96.34

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	218.05
TOTAL 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 38 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial) KENNETH C SIMS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 20 MCLANE RD		Transaction ID: SA11A1.12574
City State Zip Code GULF BREEZE FL 32561-4164	Amount of Each Receipt this Period 20.00 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer GULF POWER	Occupation SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B. Full Name (Last, First, Middle Initial) SANDRA F SIMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4018 BOND CIR		Transaction ID: SA11A1.12393
City State Zip Code NICEVILLE FL 32578	Amount of Each Receipt this Period 84.13 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer GULF POWER	Occupation ASSISTANT TO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.92	

C. Full Name (Last, First, Middle Initial) SANDRA F SIMS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4018 BOND CIR		Transaction ID: SA11A1.12575
City State Zip Code NICEVILLE FL 32578	Amount of Each Receipt this Period 84.13 monthly payroll deduction	
FEC ID number of contributing federal political committee. C		
Name of Employer GULF POWER	Occupation ASSISTANT TO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.05	

SUBTOTAL of Receipts This Page (optional) ▶	188.26
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
GREGORY L SMITH

Mailing Address 74 NORWICH CIR

City State Zip Code
NICEVILLE FL 32578

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

Name of Employer Occupation
GULF POWER SALES REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12394

Amount of Each Receipt this Period
25.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
GREGORY L SMITH

Mailing Address 74 NORWICH CIR

City State Zip Code
NICEVILLE FL 32578

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

Name of Employer Occupation
GULF POWER SALES REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.12576

Amount of Each Receipt this Period
25.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
THEODORE S SPANGENBERG, JR

Mailing Address 711 DRIFTWOOD DR

City State Zip Code
LYNN HAVEN FL 32444

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12396

Amount of Each Receipt this Period
50.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
THEODORE S SPANGENBERG, JR

Mailing Address 711 DRIFTWOOD DR

City State Zip Code
LYNN HAVEN FL 32444

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

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

Transaction ID: SA11A1.12578

Amount of Each Receipt this Period
50.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
SUSAN NOLEN STORY

Mailing Address 710 PEAKE'S POINT DR

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer Occupation
GULF POWER PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12399

Amount of Each Receipt this Period
300.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
SUSAN NOLEN STORY

Mailing Address 710 PEAKE'S POINT DR

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer Occupation
GULF POWER PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3300.00

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

Transaction ID: SA11A1.12581

Amount of Each Receipt this Period
300.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. MAX G STRICKLAND		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address		Transaction ID: SA11A1.12619
City State Zip Code	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER	Occupation OPERATIONS SPECIALIST/CRIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. CARRIE CLAYTON SWILLEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address ONE ENERGY PL		Transaction ID: SA11A1.12584
City State Zip Code PENSACOLA FL 32514	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Paul A Talley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 857 Valley Ridge Circle		Transaction ID: SA11A1.12585
City State Zip Code Pensacola FL 32514	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer Gulf Power	Occupation Metering Serv Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
EDWARD L TAYLOR

Mailing Address 9364 VANDIVERE DR

City NAVARRE State FL Zip Code 32566-2930

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.12586

Amount of Each Receipt this Period
 20.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JOHN K TAYLOR

Mailing Address

City State Zip Code

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

Name of Employer GULF POWER Occupation ENGINEERING AND CONST SUPV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.12587

Amount of Each Receipt this Period
 20.00

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JERRY DALE TOMLIN

Mailing Address

City State Zip Code

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

Name of Employer GULF POWER Occupation MAINTENANCE MGR/CRIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.12440

Amount of Each Receipt this Period
 20.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial) KENNETH M TRUMP		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 6887 YORKWOOD ST		Transaction ID: SA11A1.12407	
City State Zip Code NAVARRE FL 32566	Amount of Each Receipt this Period 44.88		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation SUPERVISOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.80		

B. Full Name (Last, First, Middle Initial) KENNETH M TRUMP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6887 YORKWOOD ST		Transaction ID: SA11A1.12589	
City State Zip Code NAVARRE FL 32566	Amount of Each Receipt this Period 44.88		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation SUPERVISOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.68		

C. Full Name (Last, First, Middle Initial) JAMES O VICK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1189 GULF BREEZE PKWY		Transaction ID: SA11A1.12410	
City State Zip Code GULF BREEZE FL 32561-4857	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	139.76
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
JAMES O VICK

Mailing Address 1189 GULF BREEZE PKWY

City State Zip Code
GULF BREEZE FL 32561-4857

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2006

Transaction ID: SA11A1.12592

Amount of Each Receipt this Period
50.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JAY B WESTON

Mailing Address 5355 STAFFORD CIR

City State Zip Code
PACE FL 32571-8638

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

Name of Employer Occupation
GULF POWER GROUP LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.40

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2006

Transaction ID: SA11A1.12416

Amount of Each Receipt this Period
45.64

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
JAY B WESTON

Mailing Address 5355 STAFFORD CIR

City State Zip Code
PACE FL 32571-8638

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

Name of Employer Occupation
GULF POWER GROUP LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 502.04

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2006

Transaction ID: SA11A1.12598

Amount of Each Receipt this Period
45.64

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	141.28
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. DAVID L WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4500 LA MIRAGE DR		Transaction ID: SA11A1.12420
City State Zip Code PENSACOLA FL 32504-7870	Amount of Each Receipt this Period 35.74	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.80	

Full Name (Last, First, Middle Initial) B. DAVID L WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4500 LA MIRAGE DR		Transaction ID: SA11A1.12600
City State Zip Code PENSACOLA FL 32504-7870	Amount of Each Receipt this Period 35.74	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.54	

Full Name (Last, First, Middle Initial) C. JAMERS LIGON WILLIAMS, IV		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1924 ADIRONDACK AVE		Transaction ID: SA11A1.12614
City State Zip Code PENSACOLA FL 32514	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		monthly payroll deduction
Name of Employer GULF POWER-SOUTHERN CO SE-RV	Occupation LEAD ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	91.48
TOTAL 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 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
CALVIN W WILSON, II

Mailing Address 3854 SABERTOOTH CIR

City State Zip Code
GULF BREEZE FL 32561-3520

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12421

Amount of Each Receipt this Period
45.89

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
CALVIN W WILSON, II

Mailing Address 3854 SABERTOOTH CIR

City State Zip Code
GULF BREEZE FL 32561-3520

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 502.73

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

Transaction ID: SA11A1.12601

Amount of Each Receipt this Period
45.89

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
RONNIE E YADEN

Mailing Address 11525 GULF BEACH HWY

City State Zip Code
PENSACOLA FL 32507-9139

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12425

Amount of Each Receipt this Period
25.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	116.78
TOTAL 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 47 / 49
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RONNIE E YADEN

Mailing Address 11525 GULF BEACH HWY

City PENSACOLA State FL Zip Code 32507-9139

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.12604

Amount of Each Receipt this Period
 25.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
JARL T YOUNG

Mailing Address 2342 ARRIVISTE WAY

City PENSACOLA State FL Zip Code 32504

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

Name of Employer GULF POWER Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.12435

Amount of Each Receipt this Period
 50.00

monthly payroll deduction

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

Mailing Address 2342 ARRIVISTE WAY

City PENSACOLA State FL Zip Code 32504

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

Name of Employer GULF POWER Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.12615

Amount of Each Receipt this Period
 50.00

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	6508.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 49	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
Gulf Power Employees Credit Union

Mailing Address 200 N Pace Blvd

City	State	Zip Code
Pensacola	FL	32505

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: SA17.12622

Amount of Each Receipt this Period
64.57

Dividends

SUBTOTAL of Receipts This Page (optional)	▶	64.57
TOTAL This Period (last page this line number only)	▶	64.57

**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 49 / 49

<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. JEFF MILLER		Transaction ID: SB23.12617 Date of Disbursement 10 / 31 / 2006	
Mailing Address P O BOX 126		Amount of Each Disbursement this Period 1000.00	
City PENSACOLA	State FL	Zip Code 32591	Category/ Type
Purpose of Disbursement political contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 1		

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