



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period: From:     To:

|                                                                                                                   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>                                                                    |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....                                              | 259251.00               | 1194857.83                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....                                                          | 1200.00                 | 12750.00                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 258051.00               | 1182107.83                         |
| <b>7. Net Operating Expenditures</b>                                                                              |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....                                                           | 63435.67                | 422170.93                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                                | 0.00                    | 20.55                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                        | 63435.67                | 422150.38                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 678366.51               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 10000.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Westmoreland for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 2 | 9 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| <b>I. RECEIPTS</b>                                                                                         | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                                          |                                      |                                           |
| (a) Individuals/Persons Other Than Political Committees                                                    | 160375.00                            | 738306.00                                 |
| (i) Itemized (use Schedule A).....                                                                         | 4676.00                              | 30409.00                                  |
| (ii) Unitemized.....                                                                                       | 165051.00                            | 768715.00                                 |
| (iii) TOTAL of contributions from individuals..... ▶                                                       | 250.00                               | 282.66                                    |
| (b) Political Party Committees.....                                                                        | 93950.00                             | 425860.17                                 |
| (c) Other Political Committees (such as PACS).....                                                         | 0.00                                 | 0.00                                      |
| (d) The Candidate.....                                                                                     | 0.00                                 | 0.00                                      |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                       | 259251.00                            | 1194857.83                                |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>                                                 | 0.00                                 | 0.00                                      |
| <b>13. LOANS</b>                                                                                           |                                      |                                           |
| (a) Made or Guaranteed by the Candidate.....                                                               | 0.00                                 | 0.00                                      |
| (b) All Other Loans.....                                                                                   | 0.00                                 | 0.00                                      |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                             | 0.00                                 | 0.00                                      |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>                                 | 0.00                                 | 20.55                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>                                                 | 0.00                                 | 0.00                                      |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 259251.00                            | 1194878.38                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>                                                     | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 63435.67                              | 422170.93                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 100000.00                             | 111000.00                                  |
| 19. LOAN REPAYMENTS:                                                         |                                       |                                            |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 15000.00                              | 169000.00                                  |
| (b) Of all Other Loans.....                                                  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 15000.00                              | 169000.00                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                                       |                                            |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 1200.00                               | 4800.00                                    |
| (b) Political Party Committees.....                                          | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 7950.00                                    |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1200.00                               | 12750.00                                   |
| 21. OTHER DISBURSEMENTS.....                                                 | 33250.00                              | 122481.19                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 212885.67                             | 837402.12                                  |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 632001.18 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 259251.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 891252.18 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 212885.67 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 678366.51 |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 137                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amyr Abdulla

Mailing Address 30 Barbara Court

City Fayetteville State GA Zip Code 30215

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

Name of Employer Self-Employed Occupation Fast Food Rest. Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4850

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mark Accetturo

Mailing Address 121 Roberts St.

City Fairburn State GA Zip Code 30213

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

Name of Employer Reynolds, Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4812

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steve Adams

Mailing Address P.O. Box 624

City Carrollton State GA Zip Code 30117

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

Name of Employer West GA Ambulance, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2006

Transaction ID: 60911.C4875

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 137                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald Allen

Mailing Address 155 Wrights Mill Pl

City State Zip Code  
Alpharetta GA 30022-1910

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

Name of Employer Occupation  
Jordan, Jones & Goulding President and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2006

Transaction ID: 60911.C4866

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Naseem Amlani

Mailing Address 165 Woodbyne Dr.

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Occupation  
Self-Employed Jewelry Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4842

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
James August

Mailing Address 3735 Wabeek Lake Drive W

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4908

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 137                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gordon Austin

Mailing Address 819 Dixie Street

City State Zip Code  
Carrollton GA 30117

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

Name of Employer Self-Employed Occupation  
Oral Surgeon

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C4742

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Craig Avery

Mailing Address 117 Cambridge Ln

City State Zip Code  
Nicholasville KY 40356-8121

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

Name of Employer FMSM Engineers Occupation  
President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2006

Transaction ID: 60911.C4861

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lee Banks

Mailing Address 243 S. Grayson Trail

City State Zip Code  
Hogansville GA 30230

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

Name of Employer None Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4829

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 950.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 137                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ronald Barfield

Mailing Address 1007 W. Gordon St.

City State Zip Code  
Thomaston GA 30286

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

Name of Employer  
Adams, Barfield, Evans et. al

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4715

Amount of Each Receipt this Period  
800.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hynes Barnes

Mailing Address P.O. Box 305

City State Zip Code  
Woodbury GA 30293

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

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: 60911.C4751

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Barron

Mailing Address 14 Jackson St.

City State Zip Code  
Newnan GA 30263

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

Name of Employer  
Lindseys Inc.

Occupation  
Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4657

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 137                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Barron

Mailing Address 14 Jackson St.

City State Zip Code  
Newnan GA 30263

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

Name of Employer Occupation  
Lindseys Inc. Real Estate Broker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

400.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: 60911.C4748

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stephen Been

Mailing Address 2580 Half Moon Walk

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4918

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stephen Been

Mailing Address 2580 Half Moon Walk

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4919

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2400.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Been</b>                                                                                 |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006                                                 |  |
| Mailing Address 3491 Pinestream Rd.                                                                                                             |                                     | <b>Transaction ID:</b> 61008.C4920                                                                       |  |
| City Atlanta                                                                                                                                    | State GA                            | Amount of Each Receipt this Period<br>2100.00                                                            |  |
| Zip Code 30327                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer None                                                                                                                           | Occupation Homemaker                |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2900.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Susan Been</b>                                                                                 |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006                                                 |  |
| Mailing Address 3491 Pinestream Rd.                                                                                                             |                                     | <b>Transaction ID:</b> 61008.C4921                                                                       |  |
| City Atlanta                                                                                                                                    | State GA                            | Amount of Each Receipt this Period<br>200.00                                                             |  |
| Zip Code 30327                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer None                                                                                                                           | Occupation Homemaker                |                                                                                                          |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3100.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Walker Bickerstaff</b>                                                                         |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                                                 |  |
| Mailing Address P.O. Box 942                                                                                                                    |                                     | <b>Transaction ID:</b> 61008.C4973                                                                       |  |
| City Columbus                                                                                                                                   | State GA                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 31902                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer None                                                                                                                           | Occupation Retired                  |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3500.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                              |                              |                              |
|------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 / 137                |
|                                                                              | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14                                                  | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                    |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Loyd Black                                                                                 |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6                                            |
| Mailing Address 296 Morgan mill Road                                                                                                            |                                    | Transaction ID: 61008.C4941                                                                              |
| City State Zip Code<br>Brooks GA 30205                                                                                                          |                                    | Amount of Each Receipt this Period<br>250.00                                                             |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested                                                                                                          | Occupation Information Requested   |                                                                                                          |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |                                                                                                          |

|                                                                                                                                                 |                                    |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Loyd Black                                                                                 |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 6                                            |
| Mailing Address 296 Morgan mill Road                                                                                                            |                                    | Transaction ID: 61008.C4940                                                                              |
| City State Zip Code<br>Brooks GA 30205                                                                                                          |                                    | Amount of Each Receipt this Period<br>250.00                                                             |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested                                                                                                          | Occupation Information Requested   |                                                                                                          |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |

|                                                                                                                                                 |                                     |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Peter Blackstock                                                                           |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6                                            |
| Mailing Address P.O. Box 369                                                                                                                    |                                     | Transaction ID: 60706.C4650                                                                              |
| City State Zip Code<br>Pebble Beach CA 93953                                                                                                    |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed                                                                                                                  | Occupation Car Dealer               |                                                                                                          |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joe Boddiford

Mailing Address 475 Mercer Road

City State Zip Code  
Sylvania GA 30467

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

Name of Employer Self-Employed  
Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4783

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bill Bonner

Mailing Address 265 Old Ivy

City State Zip Code  
Fayetteville GA 30215-5656

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

Name of Employer Southeast Properties  
Occupation Real Estate Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: 61008.C4929

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Douglas Bonner

Mailing Address 2418 Emerald Dr.

City State Zip Code  
Jonesboro GA 30236

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

Name of Employer Raymar Enterprises, Inc.  
Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4916

Amount of Each Receipt this Period  
2000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
W.W. Boyd

Mailing Address P.O. Box 1147

City State Zip Code  
Tallahassee FL 32302

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

Name of Employer Self-Employed Occupation  
Mechanical Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

**Transaction ID:** 60707.C4691

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
W.W. Boyd

Mailing Address P.O. Box 1147

City State Zip Code  
Tallahassee FL 32302

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

Name of Employer Self-Employed Occupation  
Mechanical Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

**Transaction ID:** 60911.C4886

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
William Bradshaw

Mailing Address P.O. Box 2269

City State Zip Code  
Greer SC 29652

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

Name of Employer Bradshaw Automotive Occupation  
Car Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

**Transaction ID:** 60911.C4893

Amount of Each Receipt this Period  
500.00

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

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carol Brady

Mailing Address 410 Vanderwall

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3350.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4672

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mike Brady

Mailing Address 410 Vanderwall

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4681

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Buchanan

Mailing Address Meyer-Sutton Homes, Inc.  
P.O. Box 909

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Meyer - Sutton Homes, Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60706.C4654

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Margaret Byington

Mailing Address 2633 Middleboro Lane NE

City State Zip Code  
Grand Rapids MI 49506

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

Name of Employer  
Self-Employed

Occupation  
Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: 61008.C4914

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Chad Caldwell

Mailing Address 1135 E. Highway 16

City State Zip Code  
Newnan GA 30263-5329

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

Name of Employer  
Caldwell Poured Foundatio-ns

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4834

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jennie Caldwell

Mailing Address 1135 East Hwy. 16

City State Zip Code  
Newnan GA 30263

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

Name of Employer  
Caldwell Poured Foundatio-ns

Occupation  
Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4833

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6200.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Howard Callaway

Mailing Address P.O. Box 1326

City State Zip Code  
Pine Mountain GA 31822

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

Name of Employer Occupation  
None Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4827

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wilma Cameron

Mailing Address 750 City Park Dr

City State Zip Code  
Mcdonough GA 30252-1029

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61011.C5014

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kay Cantrell

Mailing Address 1011 Lewis Ln

City State Zip Code  
St Simons Is GA 31522-1844

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

Name of Employer Occupation  
Self-Employed Builder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: 60911.C4752

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Debbie Christian

Mailing Address 1111 Shoal Creek Ct

City Greensboro State GA Zip Code 30642-5400

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4710

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Raymond Ciccolo

Mailing Address 11 Bennington Rd

City Lexington State MA Zip Code 02421-5605

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4698

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ed Clark

Mailing Address 112 Sweetwater Oaks

City Peachtree City State GA Zip Code 30269-2110

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

Name of Employer Atlanta Motor Speedway Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4811

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Vicky Clontz

Mailing Address 155 Buckeye Lane

City Fayetteville State GA Zip Code 30215

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

Name of Employer Harp Excavation, Inc. Occupation Secretary

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4830

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charles Coley

Mailing Address P.O. Box 218

City Vienna State GA Zip Code 31092

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4787

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sid Cook

Mailing Address 43 Parkgate Lane

City Peachtree City State GA Zip Code 30269

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

Transaction ID: 61008.C4944

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Corey

Mailing Address 225 Corey Center, SE

City Atlanta State GA Zip Code 30312

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

Name of Employer U.S. Enterprises, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4823

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lovick Corn

Mailing Address P.O. Box 140

City Columbus State GA Zip Code 31902

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61008.C4968

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mark Cornett

Mailing Address 106 Tuliptree Terrace

City Peachtree City State GA Zip Code 30269

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

Name of Employer Southern Motor Carriers Occupation Building Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4825

Amount of Each Receipt this Period  
 2000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carlene Crane

Mailing Address 860 Gary Summers Rd.

City Senoia State GA Zip Code 30276

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4664

Amount of Each Receipt this Period  
 2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carlene Crane

Mailing Address 860 Gary Summers Rd.

City Senoia State GA Zip Code 30276

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2006

Transaction ID: 60707.C4663

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Herbert Crawford

Mailing Address P.O. Box 263

City Luthersville State GA Zip Code 30251-0263

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

Name of Employer Crawford Grading Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2006

Transaction ID: 60911.C4899

Amount of Each Receipt this Period  
 1000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 5200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                     |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Allen Cruikshank                                                                           |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 25 / 2006                                                      |
| Mailing Address 500 Tam Oshanter Drive, SE                                                                                                      |                                     | Transaction ID: 61008.C4943                                                                              |
| City<br>Marietta                                                                                                                                | State<br>GA                         | Zip Code<br>30067-4833                                                                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>500.00                                                             |
| Name of Employer<br>Metrac Construction                                                                                                         | Occupation<br>President and CEO     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |                                                                                                          |

|                                                                                                                                                 |                                     |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Karen Curtis                                                                               |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 25 / 2006                                                      |
| Mailing Address 214 Newport Dr.                                                                                                                 |                                     | Transaction ID: 61008.C4947                                                                              |
| City<br>Peachtree City                                                                                                                          | State<br>GA                         | Zip Code<br>30269                                                                                        |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |
| Name of Employer<br>Information Requested                                                                                                       | Occupation<br>Information Requested | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |                                                                                                          |

|                                                                                                                                                 |                                     |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> L.H. Davis                                                                                 |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 25 / 2006                                                      |
| Mailing Address 329 Price Road                                                                                                                  |                                     | Transaction ID: 61008.C4952                                                                              |
| City<br>Brooks                                                                                                                                  | State<br>GA                         | Zip Code<br>30205                                                                                        |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>2100.00                                                            |
| Name of Employer<br>Wood World Furniture                                                                                                        | Occupation<br>President             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |                                                                                                          |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ronald Davis

Mailing Address 365 Ebenezer Road

City Fayetteville State GA Zip Code 30215

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

**Transaction ID:** 61008.C4942

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rodney Dawson

Mailing Address Route 3, Box 5950

City Hawkinsville State GA Zip Code 31036

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 3 / 2 0 0 6

**Transaction ID:** 60911.C4780

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Clinton Day

Mailing Address 4725 Peachtree Corners Cir.  
Suite 300

City Norcross State GA Zip Code 30092

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

Name of Employer The Day Company Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** 61008.C4964

Amount of Each Receipt this Period  
 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tim Dender

Mailing Address P.O. Box 947

City State Zip Code  
Griffin GA 30224-0947

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

Name of Employer  
Dender Distributing Co., Inc.

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

**Transaction ID:** 61008.C4932

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Denmon

Mailing Address 108 W North Ln

City State Zip Code  
Phoenix AZ 85021-2487

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

**Transaction ID:** 60707.C4705

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Dixon

Mailing Address 101 Devant Street #202

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer  
None

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

**Transaction ID:** 61008.C4950

Amount of Each Receipt this Period  
2100.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Atulkumar Doshi

Mailing Address 130 Barrington Parkway

City State Zip Code  
Stockbridge GA 30281

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

Name of Employer Occupation  
Self-Employed Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4849

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Dumas

Mailing Address P.O. Box 142490

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Occupation  
J & R Clothing Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: 61008.C4909

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Edgar

Mailing Address P.O. Box 336

City State Zip Code  
Carrollton GA 30112

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

Name of Employer Occupation  
CB and T Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 60911.C4868

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
G.E. Ellis

Mailing Address 1542 Victoria Falls Dr NE

City Atlanta State GA Zip Code 30329-4110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 9 / 2 0 0 6

**Transaction ID:** 60911.C4863

Amount of Each Receipt this Period  
 300.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Ethridge

Mailing Address 113 Bridgewater Drive

City Peachtree City State GA Zip Code 30269

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

Name of Employer Self-Employed Occupation CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 6

**Transaction ID:** 60911.C4806

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Christine Fauls

Mailing Address 3139 Smokey Road

City Newnan State GA Zip Code 30263

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 6

**Transaction ID:** 60911.C4805

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Clarence Finleyson

Mailing Address 100 Ole Hickory Trail North

City State Zip Code  
Carrollton GA 30117

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

Name of Employer Occupation  
None Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 60911.C4761

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Douglas Fisher

Mailing Address 10 Star Spangle Way

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Occupation  
Cascade Consulting Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: 60911.C4789

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Chad Floyd

Mailing Address P.O. Box 3590

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Occupation  
Chadwick Homes, Inc. General Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C4738

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chad Floyd

Mailing Address P.O. Box 3590

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Chadwick Homes, Inc. Occupation General Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4790

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Floyd

Mailing Address P.O. Box 3590

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Chadwick Homes, Inc. Occupation Builder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C4740

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bruce Franklin

Mailing Address 215 Arbor Shores N

City State Zip Code  
Newnan GA 30265-4128

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

Name of Employer Self-Employed Occupation Builder/Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4831

Amount of Each Receipt this Period  
500.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
David Frolich

Mailing Address P.O. Box 28590

City State Zip Code  
Macon GA 31221-8590

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

Name of Employer Occupation  
Radiology Ass. of Macon Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

**Transaction ID:** 60714.C4735

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
W. Lee Gaines

Mailing Address 6 Bowen Mill Road

City State Zip Code  
Baltimore MD 21212

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

Name of Employer Occupation  
Gaines & Co. Computer Tech

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

**Transaction ID:** 60911.C4885

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Garrett

Mailing Address 2950 Slaton Drive

City State Zip Code  
Atlanta GA 30305

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

Name of Employer Occupation  
Georgia Pacific CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** 61008.C4901

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                     |                                                                                                                                                            |                                                                                                          |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mildred Godard</b> |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 2 9 / 2 0 0 6                                            |  |
| Mailing Address 100 East Club Drive                                 |                                                                                                                                                            | Transaction ID: 60911.C4876                                                                              |  |
| City State Zip Code<br>Carrollton GA 30117                          | Amount of Each Receipt this Period<br>1000.00                                                                                                              |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                                                                                                                                            | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer None<br>Occupation Homemaker                       | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                          |  |
| Receipt For: 2006<br>1000.00                                        |                                                                                                                                                            |                                                                                                          |  |

|                                                                        |                                                                                                                                                            |                                                                                                          |  |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jimmy Godbee</b>      |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 1 0 / 2 0 0 6                                            |  |
| Mailing Address 1515 Whooping Creek Church Rd.                         |                                                                                                                                                            | Transaction ID: 60911.C4798                                                                              |  |
| City State Zip Code<br>Carrollton GA 30116                             | Amount of Each Receipt this Period<br>250.00                                                                                                               |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>    |                                                                                                                                                            | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Carroll County Board of Ed<br>Occupation Commissioner | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                          |  |
| Receipt For: 2006<br>700.00                                            |                                                                                                                                                            |                                                                                                          |  |

|                                                                     |                                                                                                                                                            |                                                                                                          |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mark Griswell</b>  |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6                                            |  |
| Mailing Address 2416 Emerald Drive                                  |                                                                                                                                                            | Transaction ID: 61008.C4917                                                                              |  |
| City State Zip Code<br>Jonesboro GA 30236                           | Amount of Each Receipt this Period<br>2000.00                                                                                                              |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                                                                                                                                            | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Self-Employed<br>Occupation Real Estate            | Election Cycle-to-Date<br>2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                                          |  |
| Receipt For: 2006<br>2000.00                                        |                                                                                                                                                            |                                                                                                          |  |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joe Guerra

Mailing Address 924 Shaw Road

City State Zip Code  
Sharpsburg GA 30277

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

Name of Employer Occupation  
Sequoia Golf Holdings, LLC President and CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 61008.C4953

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dan Guido

Mailing Address 2217 E Lawrence Rd

City State Zip Code  
Phoenix AZ 85016-1119

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

Name of Employer Occupation  
Tonys Service Center Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

**Transaction ID:** 60707.C4706

Amount of Each Receipt this Period  
450.00

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

**C.** Full Name (Last, First, Middle Initial)  
Akberali Gulamhussain

Mailing Address 155 Stillwood Court

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Occupation  
Self-Employed Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 60911.C4853

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Howard Guthrie

Mailing Address 126 Peach State Ct Ste A

City Tyrone State GA Zip Code 30290-2725

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

Name of Employer Guthrie and Golden Development  
Occupation Commercial Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61008.C4970

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joe Harless

Mailing Address 218 Jackson Street

City Newnan State GA Zip Code 30263

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

Name of Employer ITPG, Inc.  
Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 60911.C4749

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rose Harris

Mailing Address 165 Mary Lynn Lane

City Fayetteville State GA Zip Code 30214-1131

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

Name of Employer None  
Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61008.C4938

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Randy Hayes

Mailing Address 470 Birkdale Drive

City Fayetteville State GA Zip Code 30215

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

Name of Employer Hayes Development Comany Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4819

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
William Headley

Mailing Address P.O. Box 719

City Newnan State GA Zip Code 30264

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

Name of Employer Headley Construction Co. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2006

Transaction ID: 60911.C4840

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marshall Hebert

Mailing Address 722 Coachlight Rd

City Shreveport State LA Zip Code 71106-7206

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

Name of Employer Heberts T&C Chrysler Jeep Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4695

Amount of Each Receipt this Period  
 250.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Hennessy

Mailing Address 4272 Garmon Rd NW

City Atlanta State GA Zip Code 30327-3834

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 61008.C4983

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
George Hightower

Mailing Address P.O. Box 87

City Thomaston State GA Zip Code 30286-0002

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4717

Amount of Each Receipt this Period  
 200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles Hocking

Mailing Address 12340 Shoadleaf Lane

City Alpharetta State GA Zip Code 30005

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

Name of Employer Hazen and Sawyer Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 60911.C4864

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Marilyn Hubbard

Mailing Address 210 Habersham Pl

City State Zip Code  
Carrollton GA 30117-4152

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 60911.C4872

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Suzanne Hudgens

Mailing Address 6509 Highway 106 S

City State Zip Code  
Hull GA 30646-2702

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C4736

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ernest Jakins

Mailing Address c/o Carroll EMC  
155 N. Hwy 113

City State Zip Code  
Carrollton GA 30117

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

Name of Employer Carroll EMC Occupation President and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 60911.C4873

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 35 / 137 |
|                                                                        | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Akber Jawani

Mailing Address 180 Virginia Highland

City Fayetteville State GA Zip Code 30215

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
08 / 16 / 2006

Transaction ID: 60911.C4852

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
George Jeter

Mailing Address 1222 Broadway Suite 101

City Columbus State GA Zip Code 31901-4244

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
08 / 03 / 2006

Transaction ID: 60911.C4784

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tom Johnson

Mailing Address PO Box 917

City Safford State AZ Zip Code 85548-0917

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

Name of Employer Self-Employed Occupation Automobile Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
07 / 06 / 2006

Transaction ID: 60707.C4696

Amount of Each Receipt this Period  
250.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lasa Joiner

Mailing Address 487 Winn Way Ste 100

City State Zip Code  
Decatur GA 30030-1700

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

Name of Employer Occupation  
JLH Consulting Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: 60911.C4879

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Janell Jones

Mailing Address 235 Fastguard Farms Road

City State Zip Code  
Newnan GA 30263

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: 60911.C4814

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Siraz Jooma

Mailing Address 155 Rockhill Drive

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Occupation  
Self-Employed Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: 60911.C4854

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dilshad Kaba

Mailing Address 470 Pendleton Trail

City State Zip Code  
Tyrone GA 30290

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

Name of Employer Self-Employed Occupation  
Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4846

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nazmin Kaba

Mailing Address 130 Brennan Dr.

City State Zip Code  
Tyrone GA 30290

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

Name of Employer Self-Employed Occupation  
Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4826

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jack Kain

Mailing Address 3665 Midway Road

City State Zip Code  
Versailles KY 40383

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4888

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nawroz Kapadia

Mailing Address 125 Gentle Doe Drive

City Fayetteville State GA Zip Code 30214

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4843

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anthony Kelly

Mailing Address 10 Bretts Bend

City Sharpsburg State GA Zip Code 30277

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

Name of Employer Strack, Ind. Occupation Project Manger

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4802

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Frank Kelly

Mailing Address 270 Country Club Road

City Macon State GA Zip Code 31210

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

Name of Employer Forsyth Street Ortho. Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: 60911.C4750

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sherry Kendrick

Mailing Address 110 Old Lees Mill Road

City Fayetteville State GA Zip Code 30214

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4669

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nooruddin Khaja

Mailing Address 704 Riverview Place

City Jonesboro State GA Zip Code 30238

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4845

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Koon

Mailing Address 1255 ONeal Road

City Talbotton State GA Zip Code 31827

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4890

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
J. Smith Lanier

Mailing Address P.O. Box 70

City State Zip Code  
West Point GA 31833

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

**Transaction ID:** 60707.C4679

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Judd Lasseter

Mailing Address P.O. Box 726

City State Zip Code  
Moultrie GA 31776

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

Name of Employer Lasseter Tractor Company Occupation Farm Equipment Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

**Transaction ID:** 60707.C4661

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Teresa Lasseter

Mailing Address P.O. Box 726

City State Zip Code  
Moultrie GA 31776

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

**Transaction ID:** 60707.C4662

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Willard Lasseter

Mailing Address P.O. Box 726

City State Zip Code  
Moultrie GA 31776

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

Name of Employer Occupation  
Lasseter Tractor Company President and CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4660

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Leebove

Mailing Address 1848 Long Lake Shore Drive

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
RL Communications, Inc. Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4907

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Lenox

Mailing Address 407 Bradford Pt.

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Occupation  
Printegra Corp. Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4810

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gregory Lewis

Mailing Address 164 Woodland Drive

City Fayetteville State GA Zip Code 30214

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

Name of Employer Walker Concrete Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61008.C4980

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Lindsey

Mailing Address 120 Village Circle

City Senoia State GA Zip Code 30276-3374

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

Name of Employer David Lindsey Homes, Inc Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61008.C4979

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Little

Mailing Address 5835 Hidden Cove Rd

City Gainesville State GA Zip Code 30504-9030

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

Name of Employer Rosser International, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 60911.C4865

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Long

Mailing Address 83 Vaughn Road

City Newnan State GA Zip Code 30265

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: 61008.C4912

Amount of Each Receipt this Period  
900.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lisa Long

Mailing Address 83 Vaughn Rd.

City Newnan State GA Zip Code 30265

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60911.C4808

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lisa Long

Mailing Address 83 Vaughn Rd.

City Newnan State GA Zip Code 30265

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60911.C4809

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lisa Long

Mailing Address 83 Vaughn Rd.

City Newnan State GA Zip Code 30265

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 22 / 2006

Transaction ID: 61008.C4934

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
T.M. Lowe

Mailing Address 373 Pine Tree Dr NE

City Atlanta State GA Zip Code 30305-3414

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

Name of Employer Lowe Engineers Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 60911.C4862

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Larry Lynn

Mailing Address 1336 Central Ave.

City East Point State GA Zip Code 30344

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

Name of Employer Central Builders Supply Co.Inc Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4818

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alice Mallory

Mailing Address P.O. Box 778

City Fayetteville State GA Zip Code 30214

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

**Transaction ID:** 60911.C4807

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mark McCammon

Mailing Address 155 South Mount Carmel Road

City Mcdonough State GA Zip Code 30253

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

Name of Employer Reese Builders Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2006

**Transaction ID:** 61008.C4951

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary McCloud

Mailing Address 1495 S 3rd Ave

City Yuma State AZ Zip Code 85364-3662

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

**Transaction ID:** 60707.C4704

Amount of Each Receipt this Period  
 250.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph McClure

Mailing Address 1812 Yorkshire Drive

City State Zip Code  
Woodstock GA 30189

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

Name of Employer SMC3 Occupation V.P. of Administration

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4815

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linda McElroy

Mailing Address 161 Cotton Creek Drive

City State Zip Code  
Mcdonough GA 30252-9011

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

Name of Employer Walker Concrete Company Occupation CFO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

Transaction ID: 61008.C4946

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gary McGaha

Mailing Address 130 Brittany Chase

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Southern Community Bank Occupation President and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4781

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Marvin McKinney

Mailing Address 49 Overbrook Ct.

City Newnan State GA Zip Code 30263

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

Name of Employer Self-Employed Occupation Homebuilder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61008.C4969

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Aaron McWhorter

Mailing Address 1487 Black Dirt Rd.

City Whitesburg State GA Zip Code 30185

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

Name of Employer North Georgia Turf Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2006

Transaction ID: 61014.C5015

Amount of Each Receipt this Period  
 900.00

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

**C.** Full Name (Last, First, Middle Initial)  
Aaron McWhorter

Mailing Address 1487 Black Dirt Rd.

City Whitesburg State GA Zip Code 30185

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

Name of Employer North Georgia Turf Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2006

Transaction ID: 60714.C4733

Amount of Each Receipt this Period  
 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephen Melton</b>                                                                             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                                 |  |
| Mailing Address 8810 River Road                                                                                                                 |                                     | Transaction ID: 61008.C4948                                                                              |  |
| City Columbus                                                                                                                                   | State GA                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 31904                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer<br>Columbus Bank & Trust                                                                                                       | Occupation<br>President             |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gary Mercer</b>                                                                                |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                                 |  |
| Mailing Address 904 Dogwood Trail                                                                                                               |                                     | Transaction ID: 61008.C4949                                                                              |  |
| City Tyrone                                                                                                                                     | State GA                            | Amount of Each Receipt this Period<br>1200.00                                                            |  |
| Zip Code 30290                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer<br>Walker Concrete Products                                                                                                    | Occupation<br>Management            |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1200.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Michaelson</b>                                                                           |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006                                                 |  |
| Mailing Address 225 Woodberry Drive                                                                                                             |                                     | Transaction ID: 61008.C4910                                                                              |  |
| City Bloomfield Hills                                                                                                                           | State MI                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 48304                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer<br>Simons Michaelson Zieve                                                                                                     | Occupation<br>Advertising           |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Mickelson

Mailing Address 1014 Barberrry Lane

City State Zip Code  
Peachtree City GA 30269-6908

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

Name of Employer Occupation  
Manhattan Associates Sales Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C4737

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Virginia Middleton

Mailing Address 20 Couples Court

City State Zip Code  
Newnan GA 30265

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60911.C4824

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Miller

Mailing Address 1956 River Forest Rd.

City State Zip Code  
Atlanta GA 30327

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

Name of Employer Occupation  
Fidelity National Bank Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 60911.C4754

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dennis Minano

Mailing Address 37 Kingsley Manor Court

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Self-Employed Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: 61008.C4915

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Shameem Mohamad

Mailing Address 320 Landing Drive

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Self-Employed Occupation  
Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4851

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Morgan

Mailing Address 166 Wynbrooke Dr

City State Zip Code  
Carrollton GA 30116

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

Name of Employer Morgan Oil Company Occupation  
Petroleum jobber

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C4729

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Armond Morris

Mailing Address 349 Wisteria Drive

City State Zip Code  
Ocilla GA 31774

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: 60911.C4770

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hugh Morton

Mailing Address 330 North Drive

City State Zip Code  
Fairburn GA 30213

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

Name of Employer Occupation  
Peachtree Homes Real Estate Developer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

Transaction ID: 60707.C4709

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Mottola

Mailing Address 37 N Calumet Parkway Suite N

City State Zip Code  
Newnan GA 30264

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

Name of Employer Occupation  
Parks and Mottola Realtors Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61008.C4971

Amount of Each Receipt this Period  
500.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dudley Mullins

Mailing Address 240 Ashborough Park

City Fayetteville State GA Zip Code 30215-6514

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61008.C4972

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lynn Murphy

Mailing Address 510 White Oak Drive

City Newnan State GA Zip Code 30265-2095

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: 60911.C4791

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ronald Nagy

Mailing Address 6445 Fairland Road

City Doylestown State OH Zip Code 44230

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

Name of Employer Nagys Collision Center Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

Transaction ID: 60707.C4714

Amount of Each Receipt this Period  
500.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
George Nahas

Mailing Address 2024 Alameda Ave

City State Zip Code  
Orlando FL 32804-6904

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4703

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sikandar Nathani

Mailing Address 305 Elderberry Trail

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4847

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Martin Nesmith

Mailing Address PO Box 828

City State Zip Code  
Claxton GA 30417-0828

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4707

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                                                           |                                                                        |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Anwar Noorali</b>                                                                                                                        |                                                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                                 |  |
| Mailing Address 1588                                                                                                                                                                      |                                                                        | <b>Transaction ID: 61008.C5006</b>                                                                       |  |
| City State Zip Code<br>Peachtree City GA 30269                                                                                                                                            |                                                                        | Amount of Each Receipt this Period<br>250.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                           |                                                                        | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Information Requested<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested<br>Election Cycle-to-Date ▼<br>250.00 |                                                                                                          |  |

|                                                                                                                                                                                        |                                                               |                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard Norman</b>                                                                                                                    |                                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                                                 |  |
| Mailing Address 2021 Brookside Drive                                                                                                                                                   |                                                               | <b>Transaction ID: 61008.C4965</b>                                                                       |  |
| City State Zip Code<br>Columbus GA 31906-1905                                                                                                                                          |                                                               | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                        |                                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Artisan Properties<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Real Estate<br>Election Cycle-to-Date ▼<br>3500.00 |                                                                                                          |  |

|                                                                                                                                                                                  |                                                                   |                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Billy Padgett</b>                                                                                                               |                                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2006                                                 |  |
| Mailing Address 125 Laser Industrial Ct.                                                                                                                                         |                                                                   | <b>Transaction ID: 60911.C4801</b>                                                                       |  |
| City State Zip Code<br>Fairburn GA 30213-1646                                                                                                                                    |                                                                   | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                  |                                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Strack, Inc.<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Project Manager<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Warren Patterson

Mailing Address 512 Hyacinth Ln

City Peachtree City State GA Zip Code 30269-3951

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

Name of Employer SMC3 Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4782

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Paul

Mailing Address 3430 Stone Mountain Hwy

City Snellville State GA Zip Code 30078-4120

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4683

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Reattribution from Spouse

**C.** Full Name (Last, First, Middle Initial)  
W.T. Paul

Mailing Address 3430 Stone Mountain Hwy.

City Snellville State GA Zip Code 30078-4120

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

Name of Employer Carey Paul Ford Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6100.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60630.C4647

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
W.T. Paul

Mailing Address 3430 Stone Mountain Hwy.

City State Zip Code  
Snellville GA 30078-4120

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

Name of Employer Occupation  
Carey Paul Ford Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4682

Amount of Each Receipt this Period  
-2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Reattribution to Spouse

**B.** Full Name (Last, First, Middle Initial)  
Eugene Pearson

Mailing Address 209 Fawn Dr

City State Zip Code  
Dawsonville GA 30534-2818

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

Name of Employer Occupation  
Paramont Grading Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4674

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jill Pearson

Mailing Address 209 Fawn Drive

City State Zip Code  
Dawsonville GA 30534

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4673

Amount of Each Receipt this Period  
2000.00

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

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Andrew Pippas

Mailing Address 2828 Techwood Dr

City State Zip Code  
Columbus GA 31906-1260

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

Name of Employer  
John B Amos Cancer Center

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4658

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Barney Poole

Mailing Address 109 Emering Lane

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer  
Performance Physical Therapy

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61008.C4963

Amount of Each Receipt this Period  
225.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Potter

Mailing Address 2633 Middleboro Lane NE

City State Zip Code  
Grand Rapids MI 49506

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

Name of Employer  
Self-Employed

Occupation  
Land Aquisition Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: 61008.C4913

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2725.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lanier Price

Mailing Address 265 Fenwyck Commons

City Fayetteville State GA Zip Code 30214

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

Name of Employer Self-Employed Occupation Appraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C4734

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Rader

Mailing Address 122 Sea Island Drive

City Peachtree City State GA Zip Code 30269

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

Name of Employer SMC3 Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4800

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cindy Rampley

Mailing Address 1 Beaugard Ct.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Tri-City Realty Services, Inc. Occupation Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

Transaction ID: 61008.C4935

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Reeve

Mailing Address 344 W. Club Dr.

City State Zip Code  
Carrollton GA 30117

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

Name of Employer  
Carrollton Surgical Group, P.A.  
Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2006

Transaction ID: 60911.C4871

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tom Richards

Mailing Address 110 Old Hickory Trail, North

City State Zip Code  
Carrollton GA 30117

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

Name of Employer  
T.Richards Mortgaging Services  
Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3900.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C4732

Amount of Each Receipt this Period  
900.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tom Richards

Mailing Address 110 Old Hickory Trail, North

City State Zip Code  
Carrollton GA 30117

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

Name of Employer  
T.Richards Mortgaging Services  
Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C4731

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jay Roberts

Mailing Address 767 Brushy Creek Road

City State Zip Code  
Ocilla GA 31774

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

Name of Employer State of Georgia Occupation Legislator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60911.C4799

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joe Rogers

Mailing Address PO Box 8050

City State Zip Code  
Norcross GA 30091-8050

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

Name of Employer Waffle House, Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4832

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Rolader

Mailing Address 3273 Wood Valley Rd.

City State Zip Code  
Atlanta GA 30327

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

Name of Employer Brent Scarbrough, Inc. Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: 60707.C4680

Amount of Each Receipt this Period  
2000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                              |                              |                              |
|------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 61 / 137                |
|                                                                              | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14                                                  | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
George Rosenzweig

Mailing Address P.O. Box 220

City State Zip Code  
Newnan GA 30264

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

Name of Employer Occupation  
Rosenzweig, Jones, McNabb Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** 60911.C4841

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Rossetti

Mailing Address P.O. Box 2394

City State Zip Code  
Peachtree City GA 30269

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

Name of Employer Occupation  
Ravin Homes, Inc. General Contractor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

**Transaction ID:** 61008.C4981

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tina Scarbrough

Mailing Address 182 Woods Road

City State Zip Code  
Brooks GA 30205

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

**Transaction ID:** 60707.C4677

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tina Scarbrough

Mailing Address 182 Woods Road

City State Zip Code  
Brooks GA 30205

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: 60707.C4676

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hanif Schwani

Mailing Address 115 Gingerbread Place

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: 60911.C4855

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Phillip Seay

Mailing Address 50 Harbor Vw

City State Zip Code  
Newnan GA 30263-7009

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

Name of Employer Seay Brothers Properties Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4708

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Scott Seymour

Mailing Address 2004 Commerce Dr N Ste 100

City Peachtree City State GA Zip Code 30269-3559

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** 61008.C4974

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
M. Kathleen Sims

Mailing Address 108 E Theresa Dr

City Coeur D Alene State ID Zip Code 83814-5833

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

**Transaction ID:** 60707.C4697

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ellen Smail

Mailing Address 430 Lakewood Rd

City Greensburg State PA Zip Code 15601-9772

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

**Transaction ID:** 60707.C4701

Amount of Each Receipt this Period  
 250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joe Snowden

Mailing Address 225 County Line Road

City Fayetteville State GA Zip Code 30215

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

Name of Employer McRae Communications, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4804

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joe Stone

Mailing Address 202 Hickory Chase

City Carrollton State GA Zip Code 30117

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

Name of Employer Systems and Methods, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 60911.C4874

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Stone

Mailing Address P.O. Box 830

City Carrollton State GA Zip Code 30117

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2006

Transaction ID: 60911.C4797

Amount of Each Receipt this Period  
 250.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Stone

Mailing Address P.O. Box 830

City State Zip Code  
Carrollton GA 30117

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: 60911.C4869

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wayne Stone

Mailing Address 3680 Smokey Rd.

City State Zip Code  
Newnan GA 30263

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60706.C4651

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Sutherland

Mailing Address P.O. Box 786

City State Zip Code  
Forest Park GA 30298-0786

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

Name of Employer Sutherlands Food Service Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: 60911.C4837

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Sweet

Mailing Address 105 Pickens Dr.

City State Zip Code  
Newnan GA 30263-1500

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

Name of Employer Occupation  
Cornerstone and Associates Builder/Developer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61008.C5007

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alnor Thobhani

Mailing Address P.O. Box 738

City State Zip Code  
Fort Valley GA 31030

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

Name of Employer Occupation  
Self-Employed Convenience Store Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4896

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cindy Thompson

Mailing Address c/o Thompson Grading, Inc.  
1086 Industrial Blvd. N

City State Zip Code  
Dallas GA 30132

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

Name of Employer Occupation  
Thompson Grading, Inc. Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4659

Amount of Each Receipt this Period  
750.00

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

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Philip Tomlinson

Mailing Address 1600 First Avenue

City Columbus State GA Zip Code 31904

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

Name of Employer T SYS Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4713

Amount of Each Receipt this Period  
 400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Philip Tomlinson

Mailing Address 1600 First Avenue

City Columbus State GA Zip Code 31904

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

Name of Employer T SYS Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4712

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Tulley

Mailing Address 147 Daniel Webster Hwy

City Nashua State NH Zip Code 03060-5224

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

Name of Employer Self-Employed Occupation Car Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

Transaction ID: 60707.C4702

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Judy Turpin

Mailing Address 786 Alice St.

City State Zip Code  
Forest Park GA 30297

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

Name of Employer Turpin, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4803

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
William Underriner

Mailing Address 523 N 29th St

City State Zip Code  
Billings MT 59101-1129

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

Name of Employer Underriner Motors Occupation Car Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: 60707.C4699

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Ussery

Mailing Address 1 Mountain Ridge Ct.

City State Zip Code  
Columbus GA 31904

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

Name of Employer TSYS Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61008.C4984

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                              |                                                                                                                                               |               |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 69 / 137 |
|                                                                              | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                              | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shirin Valiani

Mailing Address 170 Wellborn Chase

City Fayetteville State GA Zip Code 30215

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4844

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mansoor Wadsariya

Mailing Address 1908 Cobblestone Blvd.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Self-Employed Occupation Convenience Store Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 60911.C4848

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Waldrop

Mailing Address 2100 Hamilton-Mulberry Grove Rd.

City Cataula State GA Zip Code 31804

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

Name of Employer Hughston Clinic Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: 60911.C4769

Amount of Each Receipt this Period  
750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 70 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 145 Mary Lynn Lane

City Fayetteville State GA Zip Code 30214

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61008.C4954

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jo Ana Walker

Mailing Address 200 County Line Ct.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Walker Concrete Occupation Sales Representative

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61008.C4945

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sue Walker

Mailing Address 145 Mary Lynn Lane

City Fayetteville State GA Zip Code 30214-1131

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C4726

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Andrew Welch

Mailing Address 2200 Keys Ferry Ct

City McDonough State GA Zip Code 30253-3372

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

Name of Employer Smith, Welch and Brittain Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: 60911.C4792

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ruth West

Mailing Address 454 Broadmoor

City Maryville State TN Zip Code 37803

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4889

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
David Westcott

Mailing Address P.O. Box 1598

City Burlington State NC Zip Code 27216

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4887

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James White

Mailing Address 167 White Drive

City State Zip Code  
Stockbridge GA 30281

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

Name of Employer Snapping Shoals EMC Occupation Chairman of the Board

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60911.C4796

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
F.S. Wilkinson

Mailing Address P.O. Box 116

City State Zip Code  
Haralson GA 30229

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

Name of Employer Wilkinson Investments Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: 60911.C4894

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sam Williams

Mailing Address 774 Springdale Road

City State Zip Code  
Atlanta GA 30306

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

Name of Employer Metro Atlanta Chamber Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2006

Transaction ID: 60911.C4867

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 / 137                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Doris Willmer

Mailing Address 2119 Starfire Dr NW

City Atlanta State GA Zip Code 30345

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

Name of Employer Willmer Engineering, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 60911.C4860

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joan Worthy

Mailing Address 129 Ole Hickory Trail

City Carrollton State GA Zip Code 30117

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 26 / 2006

Transaction ID: 60911.C4755

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Melissa Wright

Mailing Address P.O. Box 629

City Fayetteville State GA Zip Code 30214

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2006

Transaction ID: 60911.C4836

Amount of Each Receipt this Period  
 2100.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 74 / 137  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Roderick Wright

Mailing Address P.O. Box 629

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Occupation  
Peachstate Contracting Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

2100.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60911.C4835

Amount of Each Receipt this Period  
2100.00

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

|                                                                  |   |           |
|------------------------------------------------------------------|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2100.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 160375.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 137  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
AirTran Airways PAC

Mailing Address 9955 Airtran Blvd

City State Zip Code  
Orlando FL 32827-5330

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** 60911.C4880

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
AirTran Airways PAC

Mailing Address 9955 Airtran Blvd

City State Zip Code  
Orlando FL 32827-5330

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** 60911.C4892

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AirTran Airways PAC

Mailing Address 9955 Airtran Blvd

City State Zip Code  
Orlando FL 32827-5330

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61008.C4991

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 137  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Bankers Assn PAC  
Mailing Address 1120 Connecticut Ave., N.W.  
City State Zip Code  
Washington DC 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 6  
Transaction ID: 60911.C4766  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Council of Engineering PAC  
Mailing Address 1015 15th St NW FI 8  
City State Zip Code  
Washington DC 20005-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6  
Transaction ID: 60911.C4877  
Amount of Each Receipt this Period  
3000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Medical Assn PAC  
Mailing Address 1101 Vermont Ave., N.W.  
City State Zip Code  
Washington DC 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6  
Transaction ID: 61008.C4960  
Amount of Each Receipt this Period  
3000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 77 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Peanut Shellers Assoc. PAC</b>                                                        |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2006                                                 |  |
| Mailing Address PO Box 70157<br>Attn: John T. Powell                                                                                            |                                     | <b>Transaction ID: 60911.C4771</b>                                                                       |  |
| City Albany                                                                                                                                     | State GA                            | Amount of Each Receipt this Period<br>3000.00                                                            |  |
| Zip Code 31708-0157                                                                                                                             |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ashland Inc. PAC (APAC)</b>                                                                    |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2006                                                 |  |
| Mailing Address P.O. Box 391<br>Attn: Brenda G. Anderson                                                                                        |                                     | <b>Transaction ID: 60911.C4813</b>                                                                       |  |
| City Ashland                                                                                                                                    | State KY                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 41114                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Associated Equipment Distributors PAC</b>                                                      |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                                 |  |
| Mailing Address 121 N. Henry St.<br>Attn: Chrisitan A. Klein                                                                                    |                                     | <b>Transaction ID: 61008.C4959</b>                                                                       |  |
| City Alexandria                                                                                                                                 | State VA                            | Amount of Each Receipt this Period<br>2500.00                                                            |  |
| Zip Code 22314-2903                                                                                                                             |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

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

FOR LINE NUMBER: PAGE 78 / 137  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Associated General Contractors PAC

Mailing Address 333 John Carlyle Street  
Suite 200

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61008.C4930

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 175 E Houston St Rm 7-A-50

City State Zip Code  
San Antonio TX 78205-2255

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C4999

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Atmos Energy PAC

Mailing Address 5430 LBJ Freeway, Ste. 160  
Attn: Junior Aston

City State Zip Code  
Dallas TX 75240

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61008.C4928

Amount of Each Receipt this Period  
1250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 79 / 137 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Automotive Free Intl Trade PAC

Mailing Address 1625 Prince Street  
Suite 225

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: 60911.C4895

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bellsouth FED-PAC

Mailing Address 1155 Peachtree Street, NE.

City State Zip Code  
Atlanta GA 30339

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C5001

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Branch Banking and Trust Co, PAC

Mailing Address c/o Ed Simpson  
P.O. Box 1290

City State Zip Code  
Winston Salem NC 27102-1290

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C4985

Amount of Each Receipt this Period  
2000.00

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

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 80 / 137                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
CH2M Hill Companies, LTD PAC

Mailing Address 9191 S. Jamaica St.  
Attn: Robert Branick

City Englewood State CO Zip Code 80112

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61008.C4955

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Jason Harper

Mailing Address PO Box 2080

City McDonough State GA Zip Code 30253-1729

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C4993

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect John Yates

Mailing Address 961 Birdie Road

City Griffin State GA Zip Code 30223

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60911.C4816

Amount of Each Receipt this Period  
300.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 81 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Committee to Elect Robert Barr<br>Mailing Address 195 Oak Mountain Parkway<br>City State Zip Code<br>Carrollton GA 30116<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 29 / 2006<br><b>Transaction ID:</b> 60911.C4870<br>Amount of Each Receipt this Period<br>150.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>150.00                                 |  |                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Committee to Elect Tom Graves<br>Mailing Address P.O. Box 515<br>City State Zip Code<br>Fairmount GA 30139<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2006<br><b>Transaction ID:</b> 60911.C4817<br>Amount of Each Receipt this Period<br>500.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>500.00                   |  |                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Committee to Elect Vance Smith<br>Mailing Address P.O. Box 171<br>City State Zip Code<br>Pine Mountain GA 31822<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 26 / 2006<br><b>Transaction ID:</b> 60911.C4753<br>Amount of Each Receipt this Period<br>1000.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>1000.00                       |  |                                                                                                                                                                                                                                                             |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1650.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 82 / 137                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                               |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Conoco Phillips Spirit PAC</b>                                                                 |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6                                            |  |
| Mailing Address MA 3042<br>600 N. Dairy Ashford                                                                                                 |                                               | <b>Transaction ID: 61008.C5000</b>                                                                       |  |
| City Houston State TX Zip Code 77079                                                                                                            | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                               |                                                                                                          |  |

|                                                                                                                                                 |                                               |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CSX Corp. Good Govt Fund</b>                                                                   |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 0 / 2 0 0 6                                            |  |
| Mailing Address 1331 Pennsylvania Ave. NW<br>Suite 560                                                                                          |                                               | <b>Transaction ID: 61008.C4925</b>                                                                       |  |
| City Washington State DC Zip Code 20004                                                                                                         | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     | Election Cycle-to-Date ▼<br>3000.00           |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                               |                                                                                                          |  |

|                                                                                                                                                 |                                               |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CSX Corp. Good Govt Fund</b>                                                                   |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6                                            |  |
| Mailing Address 1331 Pennsylvania Ave. NW<br>Suite 560                                                                                          |                                               | <b>Transaction ID: 61008.C4998</b>                                                                       |  |
| City Washington State DC Zip Code 20004                                                                                                         | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     | Election Cycle-to-Date ▼<br>4000.00           |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                               |                                                                                                          |  |

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 83 / 137                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Eastman Kodak PAC

Mailing Address 343 State St

City State Zip Code  
Rochester NY 14650-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61008.C4976

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Federal Express PAC

Mailing Address 101 Constitution Ave NW Ste 801

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** 60911.C4759

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Flowers PAC (FLO-PAC)

Mailing Address 1919 Flowers Cir  
Attn: Gene D. Lord

City State Zip Code  
Thomasville GA 31757-1137

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61008.C4967

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 84 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Freshmen PAC Committee

Mailing Address P.O. Box 40706  
Attn: Steven C. Ross

City Washington State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C4990

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042-4523

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 60911.C4756

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042-4523

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61008.C4975

Amount of Each Receipt this Period  
1000.00

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

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 85 / 137                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. General Dynamics Voluntary PAC</b>                                                             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                                 |  |
| Mailing Address 2941 Fairview Park Drive<br>Suite 100                                                                                           |                                     | <b>Transaction ID:</b> 61008.C4995                                                                       |  |
| City Falls Church                                                                                                                               | State VA                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 22042-4523                                                                                                                             |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Georgia Mining Association PAC</b>                                                             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 06 / 2006                                                 |  |
| Mailing Address Attn: Lee Lemke<br>4885 Riverside Dr.                                                                                           |                                     | <b>Transaction ID:</b> 60706.C4649                                                                       |  |
| City Macon                                                                                                                                      | State GA                            | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| Zip Code 31210                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Georgia Oilmens Assoc. PAC</b>                                                                 |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 06 / 2006                                                 |  |
| Mailing Address 1775 Spectrum Drive<br>Suite 100                                                                                                |                                     | <b>Transaction ID:</b> 60707.C4678                                                                       |  |
| City Lawrenceville                                                                                                                              | State GA                            | Amount of Each Receipt this Period<br>500.00                                                             |  |
| Zip Code 30043                                                                                                                                  |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     |                                                                                                          |  |
| Name of Employer                                                                                                                                | Occupation                          |                                                                                                          |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 86 / 137 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                                     |                                                   |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Georgia Peanut Producers Assn PAC</b>                                                                              |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2006                                                 |  |
| Mailing Address 1408 W. Third Ave.                                                                                                                                  |                                                   | Transaction ID: 60911.C4767                                                                              |  |
| City Albany State GA Zip Code 31707                                                                                                                                 | Amount of Each Receipt this Period<br>5000.00     |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>7000.00 |                                                                                                          |  |

|                                                                                                                                                                     |                                                    |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Georgia Power Company PAC</b>                                                                                      |                                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 29 / 2006                                                 |  |
| Mailing Address 241 Ralph McGill Blvd. N.E.<br>Bin 10230                                                                                                            |                                                    | Transaction ID: 60911.C4882                                                                              |  |
| City Atlanta State GA Zip Code 30308-3374                                                                                                                           | Amount of Each Receipt this Period<br>5000.00      |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>12000.00 |                                                                                                          |  |

|                                                                                                                                                                     |                                                   |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Holland and Knight PAC</b>                                                                                         |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                                 |  |
| Mailing Address 2099 Pennsylvania Ave. NW<br>Suite 100                                                                                                              |                                                   | Transaction ID: 61008.C5002                                                                              |  |
| City Washington State DC Zip Code 20006-6801                                                                                                                        | Amount of Each Receipt this Period<br>2000.00     |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>6000.00 |                                                                                                          |  |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 12000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____    |

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 87 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacobs Good Government Fund PAC

Mailing Address 1111 So. Arroyo Parkway

City Pasadena State CA Zip Code 91105

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** 61008.C4931

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
King & Spalding Nonpartisan Comm.

Mailing Address for Good Government PAC  
191 Peachtree Street

City Atlanta State GA Zip Code 30303

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61008.C4989

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mirant Corporation PAC

Mailing Address 1155 Perimeter Center West, 10th F  
Attn: Greg Weber

City Atlanta State GA Zip Code 30338

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61008.C4997

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 137  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assn PAC

Mailing Address Attn: David Rehr  
1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

**Transaction ID:** 60706.C4653

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC

Mailing Address 1200 Seventeenth Street, NW  
Attn: Lee Culpepper

City State Zip Code  
Washington DC 20036-3097

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

**Transaction ID:** 60630.C4648

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC

Mailing Address 1200 Seventeenth Street, NW  
Attn: Lee Culpepper

City State Zip Code  
Washington DC 20036-3097

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** 60911.C4757

Amount of Each Receipt this Period  
1000.00

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

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

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



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

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

FOR LINE NUMBER: PAGE 89 / 137  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Right to Work Committee PAC  
Mailing Address 8001 Braddock Rd Ste 500  
City State Zip Code  
Springfield VA 22151-2125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006  
Transaction ID: 61008.C4988  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Utility Contractors Assn PAC  
Mailing Address Attn: John Letourneau  
4301 N. Fairfax Drive  
City State Zip Code  
Arlington VA 22203-1627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006  
Transaction ID: 60911.C4821  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NRA Political Victory PAC  
Mailing Address 11250 Waples Mill Road  
Attn: Brandi Graham Pensoneau  
City State Zip Code  
Fairfax VA 22030-7400  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
6950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006  
Transaction ID: 60911.C4822  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 90 / 137 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
OPHTH PAC

Mailing Address Attn: Denna L. Bruce  
1101 Vermont Ave. NW

City State Zip Code  
Washington DC 20005-3570

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: 60911.C4881

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Parsons Brinckerhoff PAC

Mailing Address One Penn Plz

City State Zip Code  
New York NY 10119-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: 60911.C4878

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peanut Buying Point PAC

Mailing Address 115 West 2Nd St.  
P.O. Box 314

City State Zip Code  
Tifton GA 31793

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 6

Transaction ID: 60911.C4785

Amount of Each Receipt this Period  
5000.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 6500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 91 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peanut PAC of Alabama

Mailing Address P.O. Box 10182

City Dothan State AL Zip Code 36302

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

**Transaction ID:** 60911.C4838

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
PHCC - PAC

Mailing Address 160 S. Washington St.

City Falls Church State VA Zip Code 22046

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

**Transaction ID:** 61008.C4923

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RAIL PAC

Mailing Address Association of American Railroads  
50 F St. NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

**Transaction ID:** 61008.C4957

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 92 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Realtors PAC

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 61008.C4958

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Republican Natl Coalition for Life PAC

Mailing Address P.O. Box 618  
Attn: Colleen Parro

City State Zip Code  
Alton IL 62002

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: 60911.C4768

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RJ Reynolds PAC

Mailing Address 401 N Main Street

City State Zip Code  
Winston Salem NC 27102

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 60911.C4758

Amount of Each Receipt this Period  
1000.00

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

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 93 / 137                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>RJR Political Action Committee                                                             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 20 / 2006                                                 |
| Mailing Address P.O. Box 718<br>Attn: John H. Fish                                                                                              |                                               | <b>Transaction ID:</b> 61008.C4924                                                                       |
| City Winston Salem State NC Zip Code 27102                                                                                                      | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5000.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Safari Club International PAC                                                              |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 20 / 2006                                                 |
| Mailing Address Attn: Kenneth A. James<br>4800 W. Gates Pass Road                                                                               |                                               | <b>Transaction ID:</b> 61008.C4922                                                                       |
| City Tucson State AZ Zip Code 85745-9600                                                                                                        | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>SCANA PAC                                                                                  |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 06 / 2006                                                 |
| Mailing Address P O BOX 764                                                                                                                     |                                              | <b>Transaction ID:</b> 60707.C4718                                                                       |
| City Columbia State SC Zip Code 29218-0001                                                                                                      | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                   |                                                                                                          |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 94 / 137 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sonnenschein PAC</b>                                                                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                                 |  |
| Mailing Address 1301 K St NW<br>East Tower                                                                                                      |  | <b>Transaction ID: 61008.C4994</b>                                                                       |  |
| City State Zip Code<br>Washington DC 20005-3307                                                                                                 |  | Amount of Each Receipt this Period<br>2000.00                                                            |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2000.00                                                                      |  |

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Spalding County Rep. Exec. Committee PAC</b>                                                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                                 |  |
| Mailing Address PO Box 1323                                                                                                                     |  | <b>Transaction ID: 61008.C4992</b>                                                                       |  |
| City State Zip Code<br>Griffin GA 30224-0032                                                                                                    |  | Amount of Each Receipt this Period<br>750.00                                                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>750.00                                                                       |  |

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Truck PAC</b>                                                                                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 20 / 2006                                                 |  |
| Mailing Address 430 First Street SE<br>Attn: Gray L. Mitchell                                                                                   |  | <b>Transaction ID: 61008.C4926</b>                                                                       |  |
| City State Zip Code<br>Washington DC 20003                                                                                                      |  | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>3000.00                                                                      |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 95 / 137                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
U.A. of Plumbing and Pipe Fitters PAC

Mailing Address 901 Massachusetts Ave. NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C5008

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 100 West Putnan Ave.  
Attn: John Versaggi

City Greenwich State CT Zip Code 06830

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61008.C4927

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wellpoint Health Network PAC

Mailing Address 1 Wellpoint Way  
T2-126

City Thousand Oaks State CA Zip Code 91362

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: 60911.C4898

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 137  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial)  
A. Weyerhaeuser PAC

Mailing Address P.O. Box 9777

City State Zip Code  
Federal Way WA 98063

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61008.C5009

Amount of Each Receipt this Period  
1000.00

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

|                                                                  |   |          |
|------------------------------------------------------------------|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 93950.00 |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                              |                                         |                              |                              |                             |
|------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 97 / 137                |                             |
|                                                                              | (check only one)                        |                              |                              |                             |
| <input type="checkbox"/> 11a                                                 | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a            | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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|                                                          |
|----------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>Westmoreland for Congress |
|----------------------------------------------------------|

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial)<br>Republican Party of Douglas                                                                       |                                    |
| Mailing Address 8218 Duralee Lane                                                                                                               |                                    |
| City<br>Douglasville                                                                                                                            | State<br>GA                        |
| Zip Code<br>30134                                                                                                                               |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer                                                                                                                                | Occupation                         |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |

|                                                                                                          |
|----------------------------------------------------------------------------------------------------------|
| Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2006                                                      |
| Transaction ID: 61008.C5010                                                                              |
| Amount of Each Receipt this Period<br>250.00                                                             |
| Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                        |                                                                                                                                   |                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Easypay Atlanta</b>                                               |                                                                                                                                   | <b>Transaction ID:</b> 60706.E1815<br>Date of Disbursement                                                |
| Mailing Address 5680 New Northside Drive                                                                               |                                                                                                                                   | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>     |
| City Atlanta                                                                                                           | State GA                                                                                                                          | Zip Code 30328-                                                                                           |
| Purpose of Disbursement<br>PAYROLL TAXES                                                                               | <input type="text"/>                                                                                                              | Amount of Each Disbursement this Period<br><input type="text" value="769.57"/>                            |
| Candidate Name                                                                                                         | Category/<br>Type                                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>PAYROLL TAXES</b>                                                                                      |
| State: District:                                                                                                       |                                                                                                                                   |                                                                                                           |

|                                                                                                                        |                                                                                                                                   |                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Easypay Atlanta</b>                                               |                                                                                                                                   | <b>Transaction ID:</b> 60911.E1871<br>Date of Disbursement                                                |
| Mailing Address 5680 New Northside Drive                                                                               |                                                                                                                                   | <input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>     |
| City Atlanta                                                                                                           | State GA                                                                                                                          | Zip Code 30328-                                                                                           |
| Purpose of Disbursement<br>PAYROLL FEES                                                                                | <input type="text"/>                                                                                                              | Amount of Each Disbursement this Period<br><input type="text" value="73.07"/>                             |
| Candidate Name                                                                                                         | Category/<br>Type                                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>PAYROLL FEES</b>                                                                                       |
| State: District:                                                                                                       |                                                                                                                                   |                                                                                                           |

|                                                                                                                        |                                                                                                                                   |                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Easypay Atlanta</b>                                               |                                                                                                                                   | <b>Transaction ID:</b> 60911.E1873<br>Date of Disbursement                                                |
| Mailing Address 5680 New Northside Drive                                                                               |                                                                                                                                   | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>     |
| City Atlanta                                                                                                           | State GA                                                                                                                          | Zip Code 30328-                                                                                           |
| Purpose of Disbursement<br>PAYROLL FEES                                                                                | <input type="text"/>                                                                                                              | Amount of Each Disbursement this Period<br><input type="text" value="650.17"/>                            |
| Candidate Name                                                                                                         | Category/<br>Type                                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>PAYROLL FEES</b>                                                                                       |
| State: District:                                                                                                       |                                                                                                                                   |                                                                                                           |

|                                                                  |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1492.81"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                           |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Easypay Atlanta</b>                                                             |                                                           | <b>Transaction ID: 61008.E1898</b><br>Date of Disbursement<br>08 / 09 / 2006 |                                                                                                           |
| Mailing Address 5680 New Northside Drive                                                                                             |                                                           | Amount of Each Disbursement this Period<br>90.74                             |                                                                                                           |
| City Atlanta State GA Zip Code 30328-                                                                                                | Purpose of Disbursement<br>PAYROLL FEES<br>Candidate Name | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                           |                                                                              |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |                                                           | <b>PAYROLL FEES</b>                                                          |                                                                                                           |

|                                                                                                                                      |                                                           |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Easypay Atlanta</b>                                                             |                                                           | <b>Transaction ID: 61008.E1900</b><br>Date of Disbursement<br>08 / 31 / 2006 |                                                                                                           |
| Mailing Address 5680 New Northside Drive                                                                                             |                                                           | Amount of Each Disbursement this Period<br>650.17                            |                                                                                                           |
| City Atlanta State GA Zip Code 30328-                                                                                                | Purpose of Disbursement<br>PAYROLL FEES<br>Candidate Name | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                           |                                                                              |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |                                                           | <b>PAYROLL FEES</b>                                                          |                                                                                                           |

|                                                                                                                                      |                                                           |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Easypay Atlanta</b>                                                             |                                                           | <b>Transaction ID: 61008.E1927</b><br>Date of Disbursement<br>09 / 29 / 2006 |                                                                                                           |
| Mailing Address 5680 New Northside Drive                                                                                             |                                                           | Amount of Each Disbursement this Period<br>81.74                             |                                                                                                           |
| City Atlanta State GA Zip Code 30328-                                                                                                | Purpose of Disbursement<br>PAYROLL FEES<br>Candidate Name | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                           |                                                                              |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |                                                           | <b>PAYROLL FEES</b>                                                          |                                                                                                           |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 822.65 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Easypay Atlanta</b>                                                             |                                                                                                                                | <b>Transaction ID:</b> 61008.E1926<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 9 / 2 0 0 6 |
| Mailing Address 5680 New Northside Drive                                                                                             |                                                                                                                                | Amount of Each Disbursement this Period<br>639.77                                                               |
| City Atlanta State GA Zip Code 30328-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>PAYROLL FEES                                                                                              | Candidate Name                                                                                                                 | PAYROLL FEES                                                                                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>                                                                |                                                                                                                                | <b>Transaction ID:</b> 60911.E1870<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 3 / 2 0 0 6 |
| Mailing Address P.O. Box 53852                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>29.25                                                                |
| City Phoenix State AZ Zip Code 85072-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                                          | Candidate Name                                                                                                                 | TRANSACTION FEES                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>                                                                |                                                                                                                                | <b>Transaction ID:</b> 61008.E1897<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 53852                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>33.75                                                                |
| City Phoenix State AZ Zip Code 85072-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                                          | Candidate Name                                                                                                                 | TRANSACTION FEES                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 702.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                           |                                                                                                                                      |                                                                                                           |                                                  |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>                                                     |                                                                                                                                      | <b>Transaction ID:</b> 61008.E1924                                                                        |                                                  |
| Mailing Address P.O. Box 53852                                                                                            |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br>09 / 01 / 2006                                                  |                                                  |
| City<br>Phoenix                                                                                                           | State<br>AZ                                                                                                                          | Zip Code<br>85072-                                                                                        | Amount of Each Disbursement this Period<br>63.25 |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                               |                                                                                                                                      | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |                                                  |
| Candidate Name                                                                                                            |                                                                                                                                      | Category/<br>Type                                                                                         |                                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                           |                                                  |
| State: District:                                                                                                          | <b>TRANSACTION FEES</b>                                                                                                              |                                                                                                           |                                                  |

|                                                                                                                           |                                                                                                                                      |                                                                                                           |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle</b>                                                            |                                                                                                                                      | <b>Transaction ID:</b> 60911.E1834                                                                        |                                                 |
| Mailing Address 205 Pennsylvania Ave. SE                                                                                  |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br>07 / 25 / 2006                                                  |                                                 |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                          | Zip Code<br>20003-                                                                                        | Amount of Each Disbursement this Period<br>4.50 |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                               |                                                                                                                                      | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |                                                 |
| Candidate Name                                                                                                            |                                                                                                                                      | Category/<br>Type                                                                                         |                                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                           |                                                 |
| State: District:                                                                                                          | <b>TRANSACTION FEES</b>                                                                                                              |                                                                                                           |                                                 |

|                                                                                                                           |                                                                                                                                      |                                                                                                           |                                                    |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle</b>                                                            |                                                                                                                                      | <b>Transaction ID:</b> 60911.E1878                                                                        |                                                    |
| Mailing Address 205 Pennsylvania Ave. SE                                                                                  |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br>08 / 18 / 2006                                                  |                                                    |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                          | Zip Code<br>20003-                                                                                        | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement<br>VOTER DATA                                                                                     |                                                                                                                                      | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |                                                    |
| Candidate Name                                                                                                            |                                                                                                                                      | Category/<br>Type                                                                                         |                                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                           |                                                    |
| State: District:                                                                                                          | <b>VOTER DATA</b>                                                                                                                    |                                                                                                           |                                                    |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>5067.75</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle</b>                                                                       |                                                                                                                                | <b>Transaction ID:</b> 60911.E1885<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6 |
| Mailing Address 205 Pennsylvania Ave. SE                                                                                             |                                                                                                                                | Amount of Each Disbursement this Period<br>2247.00                                                              |
| City Washington State DC Zip Code 20003-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement SOFTWARE<br>Candidate Name                                                                                   | Category/Type                                                                                                                  | SOFTWARE                                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. B &amp; P Iron Company</b>                                                          |                                                                                                                                | <b>Transaction ID:</b> 61008.E1903<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 2514 West Point Ave.                                                                                                 |                                                                                                                                | Amount of Each Disbursement this Period<br>642.00                                                               |
| City College Park State GA Zip Code 30337-                                                                                           | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement SIGN MATERIAL<br>Candidate Name                                                                              | Category/Type                                                                                                                  | SIGN MATERIAL                                                                                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of Coweta</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1856<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6 |
| Mailing Address Attn: Ann Hand<br>P.O. Box 1218                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>653.78                                                               |
| City Newnan State GA Zip Code 30264-                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement SEE BELOW<br>Candidate Name                                                                                  | Category/Type                                                                                                                  | SEE BELOW                                                                                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3542.78</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                              |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bullfeathers</b>                                                                    |                                                              | Transaction ID: 60911.E1868<br>Date of Disbursement<br>08 / 03 / 2006 |                                                                                                           |
| Mailing Address Washington, DC                                                                                                       |                                                              | Amount of Each Disbursement this Period<br>176.80                     |                                                                                                           |
| City Washington State DC Zip Code 20515-                                                                                             | Purpose of Disbursement<br>MEETING EXPENSE<br>Candidate Name | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                              |                                                                       |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |                                                              | <b>[MEMO ITEM]</b><br>MEMO: MEETING EXPENSE                           |                                                                                                           |

|                                                                                                                                      |                                                              |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>                                                                    |                                                              | Transaction ID: 60911.E1866<br>Date of Disbursement<br>08 / 03 / 2006 |                                                                                                           |
| Mailing Address Augusta                                                                                                              |                                                              | Amount of Each Disbursement this Period<br>171.36                     |                                                                                                           |
| City Augusta State GA Zip Code 30909-                                                                                                | Purpose of Disbursement<br>OFFICE SUPPLIES<br>Candidate Name | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                              |                                                                       |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |                                                              | <b>[MEMO ITEM]</b><br>MEMO: OFFICE SUPPLIES                           |                                                                                                           |

|                                                                                                                                      |                                                      |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. United States Post Office</b>                                                       |                                                      | Transaction ID: 60911.E1867<br>Date of Disbursement<br>08 / 03 / 2006 |                                                                                                           |
| Mailing Address 6545 Hwy 54                                                                                                          |                                                      | Amount of Each Disbursement this Period<br>168.25                     |                                                                                                           |
| City Sharpsburg State GA Zip Code 30277-                                                                                             | Purpose of Disbursement<br>POSTAGE<br>Candidate Name | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                                      |                                                                       |                                                                                                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |                                                      | <b>[MEMO ITEM]</b><br>MEMO: POSTAGE                                   |                                                                                                           |

|                                                                    |       |
|--------------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | ..... |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of Coweta</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1886<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6                                                            |
| Mailing Address Attn: Ann Hand<br>P.O. Box 1218                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>2181.81<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>SEE BELOW |
| City Newnan State GA Zip Code 30264-                                                                                                 |                                                                                                                                |                                                                                                                                                                            |
| Purpose of Disbursement SEE BELOW<br>Candidate Name                                                                                  | Category/Type                                                                                                                  |                                                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                            |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bullfeathers</b>                                                                    |                                                                                                                                | <b>Transaction ID:</b> 60911.E1891<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 9 / 2 0 0 6                                                                                            |
| Mailing Address Washington, DC                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>78.34<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>[MEMO ITEM]</b><br>MEMO: MEETING EXPENSE |
| City Washington State DC Zip Code 20515-                                                                                             |                                                                                                                                |                                                                                                                                                                                                            |
| Purpose of Disbursement MEETING EXPENSE<br>Candidate Name                                                                            | Category/Type                                                                                                                  |                                                                                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                            |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Delta Airlines</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1889<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 9 / 2 0 0 6                                                                                            |
| Mailing Address Hartsfield Intl Airport                                                                                              |                                                                                                                                | Amount of Each Disbursement this Period<br>250.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>[MEMO ITEM]</b><br>MEMO: TRAVEL EXPENSE |
| City Atlanta State GA Zip Code 30309-                                                                                                |                                                                                                                                |                                                                                                                                                                                                            |
| Purpose of Disbursement TRAVEL EXPENSE<br>Candidate Name                                                                             | Category/Type                                                                                                                  |                                                                                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                            |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2181.81 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Postal Service</b>                                                             |                                                                                                                                | <b>Transaction ID:</b> 60911.E1888<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 9 / 2 0 0 6                                          |
| Mailing Address 6545 Hwy. 54                                                                                                         |                                                                                                                                | Amount of Each Disbursement this Period<br>412.18<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Shargsburg State GA Zip Code 30277-                                                                                             | <b>[MEMO ITEM]</b><br>MEMO: POSTAGE                                                                                            |                                                                                                                                                          |
| Purpose of Disbursement<br>POSTAGE                                                                                                   |                                                                                                                                | Category/<br>Type                                                                                                                                        |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Merchant Bankcard</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1869<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 3 / 2 0 0 6                                         |
| Mailing Address 5701 Lindero Canyon Rd., #3                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>30.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Thousand Oaks State CA Zip Code 91362-                                                                                          | TRANSACTION FEES                                                                                                               |                                                                                                                                                         |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                                          |                                                                                                                                | Category/<br>Type                                                                                                                                       |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Merchant Bankcard</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 61008.E1896<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6                                         |
| Mailing Address 5701 Lindero Canyon Rd., #3                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>96.43<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Thousand Oaks State CA Zip Code 91362-                                                                                          | TRANSACTION FEES                                                                                                               |                                                                                                                                                         |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                                          |                                                                                                                                | Category/<br>Type                                                                                                                                       |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                         |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 126.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Merchant Bankcard</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 61008.E1923<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>09 / 01 / 2006 |
| Mailing Address 5701 Lindero Canyon Rd., #3                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>94.34                                                           |
| City Thousand Oaks State CA Zip Code 91362-                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                            |
| Purpose of Disbursement<br>TRANSACTION FEES                                                                                          | Candidate Name                                                                                                                 | <b>TRANSACTION FEES</b>                                                                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                            |

|                                                                                                                                      |                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 60911.E1821<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>06 / 30 / 2006 |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>201.80                                                          |
| City Alexandria State VA Zip Code 22314-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                            |
| Purpose of Disbursement<br>FUNDRAISING CONSULTANT                                                                                    | Candidate Name                                                                                                                 | <b>FUNDRAISING CONSULTANT</b>                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                            |

|                                                                                                                                      |                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 60911.E1826<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>07 / 10 / 2006 |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1000.00                                                         |
| City Alexandria State VA Zip Code 22314-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                            |
| Purpose of Disbursement<br>FUNDRAISING CONSULTANT                                                                                    | Candidate Name                                                                                                                 | <b>FUNDRAISING CONSULTANT</b>                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                            |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1296.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 107 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 60911.E1858<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6                                           |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1545.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name                                                            |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING                                                                                                                                    |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 60911.E1852<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6                                           |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1015.16<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name                                                            |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING                                                                                                                                    |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 60911.E1884<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6                                           |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name                                                            |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING                                                                                                                                    |

|                                                                    |               |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4560.16       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty field) |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bellwether Consulting Group</b>                                                     |                                                                                                                                | <b>Transaction ID:</b> 61008.E1913<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6                                           |
| Mailing Address 815 Slaters Lane                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name                                                            |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTING                                                                                                                                    |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Hill Club</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1848<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6                                         |
| Mailing Address 300 1st St SE                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>88.38<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-1801                                                                                         | Purpose of Disbursement<br>MEETING EXPENSE<br>Candidate Name                                                                   |                                                                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEETING EXPENSE                                                                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Capitol Hill Club</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1864<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 1 4 / 2 0 0 6                                         |
| Mailing Address 300 1st St SE                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>16.87<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-1801                                                                                         | Purpose of Disbursement<br>MEETING EXPENSE<br>Candidate Name                                                                   |                                                                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEETING EXPENSE                                                                                                                                         |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1105.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Carroll County</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 61008.E1901<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 8 / 2 0 0 6                                          |
| Mailing Address 423 College St                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Carrollton GA 30117-3142                                                                                      | Purpose of Disbursement<br>SIGN BOND<br>Candidate Name<br>Category/Type                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SIGN BOND                                                                                                                                                |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Cingular Wireless</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1835<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 6                                          |
| Mailing Address 4757 Highway 34 E                                                                                                    |                                                                                                                                | Amount of Each Disbursement this Period<br>113.84<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Sharpsburg GA 30277-                                                                                          | Purpose of Disbursement<br>CELL PHONE<br>Candidate Name<br>Category/Type                                                       |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CELL PHONE                                                                                                                                               |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Cingular Wireless</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1847<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6                                          |
| Mailing Address 4757 Highway 34 E                                                                                                    |                                                                                                                                | Amount of Each Disbursement this Period<br>113.84<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Sharpsburg GA 30277-                                                                                          | Purpose of Disbursement<br>CELL PHONE<br>Candidate Name<br>Category/Type                                                       |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CELL PHONE                                                                                                                                               |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 727.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1865<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 1 4 / 2 0 0 6 |
| Mailing Address 4757 Highway 34 E                                                                                                    |                                                                                                                                | Amount of Each Disbursement this Period<br>110.82                                                               |
| City Shargsburg State GA Zip Code 30277-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>CELL PHONE                                                                                                | Candidate Name                                                                                                                 | CELL PHONE                                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Coweta-Fayette Electric Membership Corp.</b>                                        |                                                                                                                                | <b>Transaction ID:</b> 61008.E1907<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6 |
| Mailing Address P.O. Box 530812                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>129.50                                                               |
| City Atlanta State GA Zip Code 30353-0812                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>POWER BILL                                                                                                | Candidate Name                                                                                                                 | POWER BILL                                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Georgia Natural Gas</b>                                                             |                                                                                                                                | <b>Transaction ID:</b> 60911.E1829<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 659411                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>18.59                                                                |
| City San Antonio State TX Zip Code 78265-9411                                                                                        | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>UTILITIES                                                                                                 | Candidate Name                                                                                                                 | UTILITIES                                                                                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                    |        |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 258.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 111 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Globe Telecommunications</b>                                                        |                                                                                                                                | <b>Transaction ID:</b> 60911.E1817<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 6                                          |
| Mailing Address 30 S. Court Square                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>300.28<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newnan State GA Zip Code 30263-                                                                                                 | Purpose of Disbursement TELEPHONE<br>Candidate Name<br>Category/Type                                                           |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE                                                                                                                                                |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Globe Telecommunications</b>                                                        |                                                                                                                                | <b>Transaction ID:</b> 60911.E1855<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6                                          |
| Mailing Address 30 S. Court Square                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>121.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newnan State GA Zip Code 30263-                                                                                                 | Purpose of Disbursement TELEPHONE<br>Candidate Name<br>Category/Type                                                           |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE                                                                                                                                                |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Globe Telecommunications</b>                                                        |                                                                                                                                | <b>Transaction ID:</b> 61008.E1909<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6                                          |
| Mailing Address 30 S. Court Square                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>120.52<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newnan State GA Zip Code 30263-                                                                                                 | Purpose of Disbursement TELEPHONE<br>Candidate Name<br>Category/Type                                                           |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE                                                                                                                                                |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 541.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Chip Lake</b>                                                                       |                                                                                                                                | Transaction ID: 60911.E1836<br>Date of Disbursement<br>MM / DD / YYYY<br>07 / 14 / 2006 |
| Mailing Address 769 Nob Ridge Drive                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>750.00                                       |
| City Marietta State GA Zip Code 30064-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>CONSULTING FEE                                                                                            | Candidate Name                                                                                                                 | CONSULTING FEE                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Lawrence Printing</b>                                                               |                                                                                                                                | Transaction ID: 60911.E1857<br>Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2006 |
| Mailing Address 3770-D Zip Industrial Blvd.                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>377.15                                       |
| City Atlanta State GA Zip Code 30354-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>PRINTING                                                                                                  | Candidate Name                                                                                                                 | PRINTING                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jason Mock</b>                                                                  |                                                                                                                                | Transaction ID: 60706.E1816<br>Date of Disbursement<br>MM / DD / YYYY<br>06 / 29 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>1786.88                                      |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>SALARY                                                                                                    | Candidate Name                                                                                                                 | SALARY                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2914.03 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1833<br><b>Date of Disbursement</b><br>07 / 10 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>436.59                                   |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement REIMBURSEMENT FOR TRAVEL<br>Candidate Name                                                                   |                                                                                                                                | REIMBURSEMENT FOR TRAVEL                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1832<br><b>Date of Disbursement</b><br>07 / 10 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>105.97                                   |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement REIMBURSEMENT FOR MILEAGE<br>Candidate Name                                                                  |                                                                                                                                | REIMBURSEMENT FOR MILEAGE                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1872<br><b>Date of Disbursement</b><br>07 / 31 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>1572.83                                  |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement SALARY<br>Candidate Name                                                                                     |                                                                                                                                | SALARY                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2115.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1861<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>34.92                                                                |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>REIMBURSEMENT FOR SHIPPING                                                                                | Candidate Name                                                                                                                 | REIMBURSEMENT FOR SHIPPING                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1860<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>127.20                                                               |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>REIMBURSEMENT FOR MILEAGE                                                                                 | Candidate Name                                                                                                                 | REIMBURSEMENT FOR MILEAGE                                                                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1863<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 1 1 / 2 0 0 6 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>117.10                                                               |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>REIMBURSEMENT FOR MILEAGE                                                                                 | Candidate Name                                                                                                                 | REIMBURSEMENT FOR MILEAGE                                                                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 279.22 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1876<br><b>Date of Disbursement</b><br>08 / 15 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>71.12                                    |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>HEALTH INSURANCE                                                                                          | Candidate Name                                                                                                                 | HEALTH INSURANCE                                                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1875<br><b>Date of Disbursement</b><br>08 / 15 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>258.61                                   |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>REIMBURSEMENT FOR TRAVEL                                                                                  | Candidate Name                                                                                                                 | REIMBURSEMENT FOR TRAVEL                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jason Mock</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 61008.E1899<br><b>Date of Disbursement</b><br>08 / 31 / 2006 |
| Mailing Address 12 Pine Ct                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>1572.83                                  |
| City Carrollton State GA Zip Code 30117-8896                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>SALARY                                                                                                    | Candidate Name                                                                                                                 | SALARY                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1902.56 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                        |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jason Mock</b>                                                                                    |                                                                                                                                      | Transaction ID: 61008.E1906<br>Date of Disbursement<br>09 / 19 / 2006                               |  |
| Mailing Address 12 Pine Ct                                                                                                                             |                                                                                                                                      | Amount of Each Disbursement this Period<br>674.11                                                   |  |
| City Carrollton<br>State GA<br>Zip Code 30117-8896                                                                                                     | Purpose of Disbursement<br>SEE BELOW                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | SEE BELOW                                                                                           |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jason Mock</b>                                                                                    |                                                                                                                                      | Transaction ID: 61008.E1922<br>Date of Disbursement<br>09 / 19 / 2006                               |  |
| Mailing Address 12 Pine Ct                                                                                                                             |                                                                                                                                      | Amount of Each Disbursement this Period<br>674.11                                                   |  |
| City Carrollton<br>State GA<br>Zip Code 30117-8896                                                                                                     | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT                                                                                     | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MILEAGE REIMBURSEMENT                                                   |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jason Mock</b>                                                                                    |                                                                                                                                      | Transaction ID: 61008.E1925<br>Date of Disbursement<br>09 / 29 / 2006                               |  |
| Mailing Address 12 Pine Ct                                                                                                                             |                                                                                                                                      | Amount of Each Disbursement this Period<br>1572.83                                                  |  |
| City Carrollton<br>State GA<br>Zip Code 30117-8896                                                                                                     | Purpose of Disbursement<br>SALARY                                                                                                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | SALARY                                                                                              |  |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2246.94 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Moes Southwest Grill</b>                                                            |                                                                                                                                | Transaction ID: 60911.E1823<br>Date of Disbursement<br>MM / DD / YYYY<br>06 / 30 / 2006 |
| Mailing Address 1111 Highway 34 E # 101                                                                                              |                                                                                                                                | Amount of Each Disbursement this Period<br>481.50                                       |
| City Newnan State GA Zip Code 30265-2182                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>EVENT CATERING                                                                                            | Candidate Name                                                                                                                 | EVENT CATERING                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Phoenix Printers</b>                                                                |                                                                                                                                | Transaction ID: 60911.E1820<br>Date of Disbursement<br>MM / DD / YYYY<br>06 / 30 / 2006 |
| Mailing Address 4115 Wisconsin Avenue, NW., Ste. 1                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>256.80                                       |
| City Washington State DC Zip Code 20016-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>PRINTING                                                                                                  | Candidate Name                                                                                                                 | PRINTING                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Phoenix Printers</b>                                                                |                                                                                                                                | Transaction ID: 60911.E1853<br>Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2006 |
| Mailing Address 4115 Wisconsin Avenue, NW., Ste. 1                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>595.99                                       |
| City Washington State DC Zip Code 20016-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                         |
| Purpose of Disbursement<br>PRINTING                                                                                                  | Candidate Name                                                                                                                 | PRINTING                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                         |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1334.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Phoenix Printers</b>                                                                |                                                                                                                                | <b>Transaction ID:</b> 60911.E1883<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6 |
| Mailing Address 4115 Wisconsin Avenue, NW., Ste. 1                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>406.60                                                               |
| City Washington State DC Zip Code 20016-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>PRINTING                                                                                                  | Candidate Name                                                                                                                 | PRINTING                                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. PPI Process Posters</b>                                                             |                                                                                                                                | <b>Transaction ID:</b> 60911.E1895<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |
| Mailing Address 1095 Huff Rd NW                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>7133.88                                                              |
| City Atlanta State GA Zip Code 30318-4176                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>PRINTING                                                                                                  | Candidate Name                                                                                                                 | PRINTING                                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Professional Data Services</b>                                                      |                                                                                                                                | <b>Transaction ID:</b> 60911.E1825<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 337 S. Milledge Avenue, Ste. 101                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1500.00                                                              |
| City Athens State GA Zip Code 30605-                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING                                                                                     | Candidate Name                                                                                                                 | COMPLIANCE CONSULTING                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9040.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Professional Data Services</b>                                                      |                                                                                                                                | <b>Transaction ID:</b> 60911.E1854<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6                                           |
| Mailing Address 337 S. Milledge Avenue, Ste. 101                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Athens State GA Zip Code 30605-                                                                                                 | COMPLIANCE CONSULTING                                                                                                          |                                                                                                                                                           |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING                                                                                     |                                                                                                                                | Category/<br>Type                                                                                                                                         |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Professional Data Services</b>                                                      |                                                                                                                                | <b>Transaction ID:</b> 60911.E1893<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6                                           |
| Mailing Address 337 S. Milledge Avenue, Ste. 101                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Athens State GA Zip Code 30605-                                                                                                 | COMPLIANCE CONSULTING                                                                                                          |                                                                                                                                                           |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING                                                                                     |                                                                                                                                | Category/<br>Type                                                                                                                                         |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Render Ad Services, Inc.</b>                                                        |                                                                                                                                | <b>Transaction ID:</b> 60911.E1831<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 6                                          |
| Mailing Address 111 Hill Street                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>370.34<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Roswell State GA Zip Code 30075-                                                                                                | T-SHIRTS                                                                                                                       |                                                                                                                                                          |
| Purpose of Disbursement<br>T-SHIRTS                                                                                                  |                                                                                                                                | Category/<br>Type                                                                                                                                        |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3370.34</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 120 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. S &amp; R Catering</b>                                                              |                                                                                                                                | <b>Transaction ID:</b> 60911.E1882<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6 |
| Mailing Address 580 Old Newnan Rd                                                                                                    |                                                                                                                                | Amount of Each Disbursement this Period<br>700.00                                                               |
| City Carrollton State GA Zip Code 30117-8040                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>EVENT CATERING                                                                                            | Candidate Name                                                                                                                 | EVENT CATERING                                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SCM Associates, Inc.</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60911.E1818<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 720                                                                                                         |                                                                                                                                | Amount of Each Disbursement this Period<br>2510.18                                                              |
| City Jaffrey State NH Zip Code 03452-0720                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>DIRECT MAIL                                                                                               | Candidate Name                                                                                                                 | DIRECT MAIL                                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. SCM Associates, Inc.</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60911.E1830<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 720                                                                                                         |                                                                                                                                | Amount of Each Disbursement this Period<br>500.00                                                               |
| City Jaffrey State NH Zip Code 03452-0720                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>DIRECT MAIL                                                                                               | Candidate Name                                                                                                                 | DIRECT MAIL                                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3710.18 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Spalding Group</b>                                                                  |                                                                                                                                | <b>Transaction ID:</b> 60911.E1880<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6                                           |
| Mailing Address 2306 Frankfort Ave.                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>2197.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40206-                                                                                             | Purpose of Disbursement<br>CAMPAIGN SIGNS<br>Candidate Name                                                                    |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CAMPAIGN SIGNS                                                                                                                                            |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Stoneridge Group</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 61008.E1910<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6                                           |
| Mailing Address 13010 Morris Road Sixth Floor                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>2913.75<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alpharetta State GA Zip Code 30004-                                                                                             | Purpose of Disbursement<br>DIRECT MAIL<br>Candidate Name                                                                       |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAIL                                                                                                                                               |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>                                                                |                                                                                                                                | <b>Transaction ID:</b> 60911.E1819<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 6                                          |
| Mailing Address P.O. Box 660108                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>132.32<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266-0108                                                                                             | Purpose of Disbursement<br>CELL PHONE<br>Candidate Name                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CELL PHONE                                                                                                                                               |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5243.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                                |                                                                                                                                | Transaction ID: 60911.E1827<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 6   |  |
| Mailing Address P.O. Box 660108                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>211.22                                                   |  |
| City Dallas State TX Zip Code 75266-0108                                                                                             | Purpose of Disbursement<br>CELL PHONE                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name                                                                                                                       | Category/Type                                                                                                                  | CELL PHONE                                                                                          |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                     |  |

|                                                                                                                                      |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>                                                                |                                                                                                                                | Transaction ID: 60911.E1851<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6   |  |
| Mailing Address P.O. Box 660108                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>130.52                                                   |  |
| City Dallas State TX Zip Code 75266-0108                                                                                             | Purpose of Disbursement<br>CELL PHONE                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name                                                                                                                       | Category/Type                                                                                                                  | CELL PHONE                                                                                          |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                     |  |

|                                                                                                                                      |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>                                                                |                                                                                                                                | Transaction ID: 60911.E1850<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6   |  |
| Mailing Address P.O. Box 660108                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>126.19                                                   |  |
| City Dallas State TX Zip Code 75266-0108                                                                                             | Purpose of Disbursement<br>CELL PHONE                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name                                                                                                                       | Category/Type                                                                                                                  | CELL PHONE                                                                                          |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                     |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 467.93 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                                |                                                                                                                                | <b>Transaction ID:</b> 61008.E1908<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6 |
| Mailing Address P.O. Box 660108                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>130.52                                                               |
| City Dallas State TX Zip Code 75266-0108                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>CELL PHONE                                                                                                | Candidate Name                                                                                                                 | CELL PHONE                                                                                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Joan Westmoreland</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 60911.E1879<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 2 / 2 0 0 6 |
| Mailing Address 25 Bretts Bend                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>370.60                                                               |
| City Sharpsburg State GA Zip Code 30277-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>REIMBURSEMENT FOR TRAVEL                                                                                  | Candidate Name                                                                                                                 | REIMBURSEMENT FOR TRAVEL                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Joan Westmoreland</b>                                                               |                                                                                                                                | <b>Transaction ID:</b> 61008.E1902<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 2 / 2 0 0 6 |
| Mailing Address 25 Bretts Bend                                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>657.30                                                               |
| City Sharpsburg State GA Zip Code 30277-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>SEE BELOW                                                                                                 | Candidate Name                                                                                                                 | SEE BELOW                                                                                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1158.42 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 124 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Amtrak</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Union Station<br>City Washington State DC Zip Code 20001-<br>Purpose of Disbursement TRAVEL COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 61008.E1921<br>Date of Disbursement<br>09 / 12 / 2006<br>Amount of Each Disbursement this Period<br>657.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: TRAVEL COST |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Willis Consulting</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3126 Bransford Road<br>City Augusta State GA Zip Code 30909-<br>Purpose of Disbursement FUNDRAISING CONSULTANT<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 60911.E1824<br>Date of Disbursement<br>06 / 30 / 2006<br>Amount of Each Disbursement this Period<br>1092.12<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>FUNDRAISING CONSULTANT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Willis Consulting</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3126 Bransford Road<br>City Augusta State GA Zip Code 30909-<br>Purpose of Disbursement FUNDRAISING CONSULTANT<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 60911.E1822<br>Date of Disbursement<br>06 / 30 / 2006<br>Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>FUNDRAISING CONSULTANT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                    |             |
|--------------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3092.12     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                           |                                                                                                                                      |                                                          |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Willis Consulting</b>                                                    |                                                                                                                                      | Transaction ID: 60911.E1859                              |                                                                                                     |
| Mailing Address 3126 Bransford Road                                                                                       |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2006 |                                                                                                     |
| City Augusta                                                                                                              | State GA                                                                                                                             | Zip Code 30909-                                          | Amount of Each Disbursement this Period<br>2000.00                                                  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING                                                                         |                                                                                                                                      | Category/<br>Type                                        | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                          |                                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                          | FUNDRAISING CONSULTING                                                                              |
| State: District:                                                                                                          |                                                                                                                                      |                                                          |                                                                                                     |

|                                                                                                                           |                                                                                                                                      |                                                          |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Willis Consulting</b>                                                    |                                                                                                                                      | Transaction ID: 60911.E1887                              |                                                                                                     |
| Mailing Address 3126 Bransford Road                                                                                       |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br>08 / 28 / 2006 |                                                                                                     |
| City Augusta                                                                                                              | State GA                                                                                                                             | Zip Code 30909-                                          | Amount of Each Disbursement this Period<br>2000.00                                                  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING                                                                         |                                                                                                                                      | Category/<br>Type                                        | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                          |                                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                          | FUNDRAISING CONSULTING                                                                              |
| State: District:                                                                                                          |                                                                                                                                      |                                                          |                                                                                                     |

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

4000.00

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

63302.87

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                           |                                                                                                                                                      |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. National Republican Congressional Comm.</b>                              |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1837                                                                  |
| Mailing Address 320 First Street SE                                                                                       |                                                                                                                                                      | Date of Disbursement<br>07 / 14 / 2006                                                              |
| City Washington                                                                                                           | State DC                                                                                                                                             | Zip Code 20002-                                                                                     |
| Purpose of Disbursement<br>TRANS OF EXCESS CAMPAIGN FUNDS                                                                 |                                                                                                                                                      | Amount of Each Disbursement this Period<br>70000.00                                                 |
| Candidate Name                                                                                                            |                                                                                                                                                      |                                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| State: District:                                                                                                          |                                                                                                                                                      |                                                                                                     |

|                                                                                                                           |                                                                                                                                                      |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. National Republican Congressional Comm.</b>                              |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1914                                                                  |
| Mailing Address 320 First Street SE                                                                                       |                                                                                                                                                      | Date of Disbursement<br>09 / 26 / 2006                                                              |
| City Washington                                                                                                           | State DC                                                                                                                                             | Zip Code 20002-                                                                                     |
| Purpose of Disbursement<br>TRANS OF EXCESS CAMPAIGN FUNDS                                                                 |                                                                                                                                                      | Amount of Each Disbursement this Period<br>30000.00                                                 |
| Candidate Name                                                                                                            |                                                                                                                                                      |                                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| State: District:                                                                                                          |                                                                                                                                                      |                                                                                                     |

|                                                                  |                  |
|------------------------------------------------------------------|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>100000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>100000.00</b> |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 25 Bretts Bend

City State Zip Code  
Sharpsburg GA 30277-

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60911.E1862

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 8 |   | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|          |
|----------|
| 15000.00 |
|----------|

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

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

|          |
|----------|
| 15000.00 |
|----------|

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

|          |
|----------|
| 15000.00 |
|----------|

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Gary Black for Agriculture Commissioner</b>                                         |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1845<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 4 / 2 0 0 6                                           |
| Mailing Address P.O. Box 1700                                                                                                        |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Commerce State GA Zip Code 30529-                                                                                               | Purpose of Disbursement CONTRIBUTION<br>Candidate Name<br>Category/Type                                                                              |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Chocola for Congress</b>                                                            |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1920<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 9 / 2 0 0 6                                                                           |
| Mailing Address PO Box 6728                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Chris Chocola House IN02 |
| City South Bend State IN Zip Code 46660-6728                                                                                         | Purpose of Disbursement CHRIS CHOCOLA HOUSE IN02<br>Candidate Name<br>Category/Type                                                                  |                                                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Christian Coalition of Georgia</b>                                                  |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1874<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6                                           |
| Mailing Address 8975 Roswell Road                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30350-                                                                                                | Purpose of Disbursement CONTRIBUTION<br>Candidate Name<br>Category/Type                                                                              |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                        |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Coverdell Leadership Institute</b>                                |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1849<br>Date of Disbursement                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Campus Box 75                                                                                          |                                                                                                                                                      | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 1 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                      | M                                                                                                                                                    | /                                                                                                                                                                                                                                                  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                      | 8                                                                                                                                                    |                                                                                                                                                                                                                                                    | 0 | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Milledgeville                                                                                                  | State<br>GA                                                                                                                                          | Zip Code<br>31061-                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>DONATION                                                                                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                         | Category/<br>Type                                                                                                                                    |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:                                                                                                       |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                        |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Coweta County GOP</b>                                                 |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1877<br>Date of Disbursement                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 72567                                                                                           |                                                                                                                                                      | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 1 | 7 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                      | M                                                                                                                                                    | /                                                                                                                                                                                                                                                  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                      | 8                                                                                                                                                    |                                                                                                                                                                                                                                                    | 1 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Newnan                                                                                                         | State<br>GA                                                                                                                                          | Zip Code<br>30271-2567                                                                                                                                                                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>CONTRIBUTION                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                         | Category/<br>Type                                                                                                                                    |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:                                                                                                       |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Geoff Davis for Congress</b>                                                     |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1918<br>Date of Disbursement                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3161 Dixie Highway, Ste. F                                                                                        |                                                                                                                                                      | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 9 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                                 | M                                                                                                                                                    | /                                                                                                                                                                                                                                                  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                 | 9                                                                                                                                                    |                                                                                                                                                                                                                                                    | 2 | 9 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Erlanger                                                                                                                  | State<br>KY                                                                                                                                          | Zip Code<br>41018-                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>GEOFF DAVIS HOUSE KY04                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>GEOFFREY C DAVIS                                                                                                | Category/<br>Type                                                                                                                                    |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: KY District: 04                                                                                                            |                                                                                                                                                      |                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                                      |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Drake for Congress</b>                                                              |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1919<br><b>Date of Disbursement</b><br>09 / 29 / 2006 |
| Mailing Address P.O. Box 61480                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00                                  |
| City Virginia Beach State VA Zip Code 23466-                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                     |
| Purpose of Disbursement THELMA DRAKE HOUSE VA02<br>Candidate Name                                                                    | Category/Type                                                                                                                                        | Thelma Drake House VA02                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                                      |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Drake for Congress</b>                                                              |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1842<br><b>Date of Disbursement</b><br>07 / 14 / 2006 |
| Mailing Address P.O. Box 61480                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00                                  |
| City Virginia Beach State VA Zip Code 23466-                                                                                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                     |
| Purpose of Disbursement THELMA DRAKE HOUSE VA02<br>Candidate Name                                                                    | Category/Type                                                                                                                                        | Thelma Drake House VA02                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                                      |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Georgigans for Karen Handel</b>                                                     |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1894<br><b>Date of Disbursement</b><br>08 / 31 / 2006 |
| Mailing Address PO Box 1310                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2000.00                                  |
| City Atlanta State GA Zip Code 30301-1310                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                     |
| Purpose of Disbursement CONTRIBUTION<br>Candidate Name                                                                               | Category/Type                                                                                                                                        | Thelma Drake House VA02                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                     |

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 131 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Robin Hayes for Congress</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2000<br>City Concord State NC Zip Code 28026-2000<br>Purpose of Disbursement ROBIN HAYES HOUSE NC08<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 60911.E1840<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>Robin Hayes House NC08 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. House Conservatives Fund</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2752<br>City Washington State DC Zip Code 20013-2752<br>Purpose of Disbursement CONTRIBUTION<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 60911.E1881<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>Contribution |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Ralph Norman for Congress</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 36335<br>City Rock Hill State SC Zip Code 29732-0505<br>Purpose of Disbursement RALPH NORMAN HOUSE SC05<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 60911.E1841<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>Ralph Norman House SC05 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                           |                  |                                                                                                                                                      |                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Craig Romero for Congress</b>                                            |                  | Transaction ID: 60911.E1844<br>Date of Disbursement<br>07 / 24 / 2006                                                                                |                                                                                                                                    |
| Mailing Address PO Box 13657                                                                                              |                  | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |                                                                                                                                    |
| City<br>New Iberia                                                                                                        | State<br>LA      | Zip Code<br>70562-3657                                                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Craig Romero House LA03 |
| Purpose of Disbursement<br>CRAIG ROMERO HOUSE LA03                                                                        |                  | Category/<br>Type                                                                                                                                    |                                                                                                                                    |
| Candidate Name                                                                                                            |                  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |                                                                                                                                                      |                                                                                                                                    |

|                                                                                                                           |                  |                                                                                                                                                      |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Santorum 2006</b>                                                        |                  | Transaction ID: 61008.E1915<br>Date of Disbursement<br>09 / 26 / 2006                                                                                |                                                                                                                                       |
| Mailing Address PO Box 16426                                                                                              |                  | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |                                                                                                                                       |
| City<br>Pittsburgh                                                                                                        | State<br>PA      | Zip Code<br>15242-0726                                                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Rick Santorum US Senate PA |
| Purpose of Disbursement<br>RICK SANTORUM US SENATE PA                                                                     |                  | Category/<br>Type                                                                                                                                    |                                                                                                                                       |
| Candidate Name                                                                                                            |                  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |                                                                                                                                                      |                                                                                                                                       |

|                                                                                                                           |                  |                                                                                                                                                      |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Clay Shaw</b>                                                 |                  | Transaction ID: 60911.E1839<br>Date of Disbursement<br>07 / 14 / 2006                                                                                |                                                                                                                                 |
| Mailing Address PO Box 2188                                                                                               |                  | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |                                                                                                                                 |
| City<br>Fort Lauderdale                                                                                                   | State<br>FL      | Zip Code<br>33303-2188                                                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>Clay Shaw House FL22 |
| Purpose of Disbursement<br>CLAY SHAW HOUSE FL22                                                                           |                  | Category/<br>Type                                                                                                                                    |                                                                                                                                 |
| Candidate Name                                                                                                            |                  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |                                                                                                                                                      |                                                                                                                                 |

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 133 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Mike Sodrel</b>                                                                           |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1917<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 9 / 2 0 0 6                                           |
| Mailing Address 702 North Shore Drive, Ste. 500                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Jeffersonville State IN Zip Code 47130-                                                                                                          | Purpose of Disbursement<br>MICHAEL SODREL HOUSE IN09<br>Candidate Name<br>MICHAEL E SODREL<br>Category/Type                                          |                                                                                                                                                           |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 09 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Michael Sodrel House IN09                                                                                                                                 |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Southeast ROMP</b>                                                                  |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1843<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 6                                           |
| Mailing Address 228 S Washington St Ste 115                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-5404                                                                                         | Purpose of Disbursement<br>Candidate Name<br>Category/Type                                                                                           |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephens for SOS</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1846<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 2 / 2 0 0 6                                           |
| Mailing Address PO Box 4400                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Canton State GA Zip Code 30114-0017                                                                                             | Purpose of Disbursement<br>CONTRIBUTION<br>Candidate Name<br>Category/Type                                                                           |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Charles Taylor for Congress</b>                                                     |                                                                                                                                                      | <b>Transaction ID:</b> 60911.E1838<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 0 6                                           |
| Mailing Address PO Box 2355                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Asheville State NC Zip Code 28802-2355                                                                                          | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Purpose of Disbursement<br>CHARLES TAYLOR HOUSE NC11                                                                                 |                                                                                                                                                      | Charles Taylor House NC11                                                                                                                                 |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Chris Wakim for Congress</b>                                                        |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1905<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6                                           |
| Mailing Address P.O. Box 2176                                                                                                        |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003-                                                                                               | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Purpose of Disbursement<br>CHRIS WAKIM HOUSE WV01                                                                                    |                                                                                                                                                      | Chris Wakim House WV01                                                                                                                                    |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Wiggins for Supreme Court</b>                                                       |                                                                                                                                                      | <b>Transaction ID:</b> 61008.E1916<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 6 / 2 0 0 6                                           |
| Mailing Address 4279 Roswell Road, Ste. 102                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>3000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30342-                                                                                                | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Purpose of Disbursement<br>CONTRIBUTION                                                                                              |                                                                                                                                                      | Wiggins for Supreme Court                                                                                                                                 |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial)

**A.** Wiggins for Supreme Court

Mailing Address 4279 Roswell Road, Ste. 102

City Atlanta State GA Zip Code 30342-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61008.E1904

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

33250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 137

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Herbert Crawford

Mailing Address P.O. Box 263

City Luthersville State GA Zip Code 30251-0263

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  Primary  General  Other (specify) ▼

**Transaction ID:** 61008.E1912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Aaron McWhorter

Mailing Address 1487 Black Dirt Rd.

City Whitesburg State GA Zip Code 30185-

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  Primary  General  Other (specify) ▼

**Transaction ID:** 61014.E1949

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Category/  
Type

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

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



**SCHEDULE C (FEC Form 3 )**

**LOANS**

|                                                                         |                                                                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 137 / 137                                                                                         |
|                                                                         | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**Transaction ID:** LS0804200441C2708

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

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100000.00               | 90000.00                   | 10000.00                                    |

**TERMS**

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

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

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

|                                                               |                 |
|---------------------------------------------------------------|-----------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <b>10000.00</b> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <b>10000.00</b> |

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