

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Westmoreland for Congress

ADDRESS (number and street) P.O. Box 458

Check if different than previously reported. (ACC)

Sharpsburg GA 30277

2. **FEC IDENTIFICATION NUMBER** C00387126
CITY STATE ZIP CODE STATE DISTRICT
 3. IS THIS REPORT NEW (N) OR AMENDED (A) GA 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 04 2008 in the State of GA

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Ann Hand

Signature of Treasurer Electronically Filed by Ann Hand Date 10 23 2008

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1135.00	677044.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1135.00	675294.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	88116.85	536521.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2047.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88116.85	534473.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	346909.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Westmoreland for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

1000.00

340385.00

(ii) Unitemized.....

135.00

23499.00

(iii) TOTAL of contributions

1135.00

363884.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

313160.84

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

1135.00

677044.84

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

2047.97

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

0.00

0.00

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

1135.00

679092.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88116.85	536521.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	201000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1750.00
21. OTHER DISBURSEMENTS.....	11862.00	110162.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	99978.85	849433.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	445753.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1135.00
25. SUBTOTAL (add Line 23 and Line 24).....	446888.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99978.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	346909.62

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 16	
	(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	

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) Michael Shell		Date of Receipt		
	Mailing Address 400 Crabapple Rd		M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8		
	City	State	Zip Code	Transaction ID: 81023.C6281	
	Fayetteville	GA	30215-7062	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	1000.00	
	Name of Employer Maxi Lube, Inc.		Occupation Owner	Receipt	
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼					

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

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Anthem Media, LLC</p> <p>Mailing Address 5524 Bee Cave Rd Ste B5</p> <p>City West Lake Hills State TX Zip Code 78746-5248</p> <p>Purpose of Disbursement Media Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81012.E2973</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 58566.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEDIA CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anthem Media, LLC</p> <p>Mailing Address 5524 Bee Cave Rd Ste B5</p> <p>City West Lake Hills State TX Zip Code 78746-5248</p> <p>Purpose of Disbursement Media Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81023.E3005</p> <p>Date of Disbursement 10 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 8557.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEDIA CONSULTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Anthem Media, LLC</p> <p>Mailing Address 5524 Bee Cave Rd Ste B5</p> <p>City West Lake Hills State TX Zip Code 78746-5248</p> <p>Purpose of Disbursement Media Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81023.E3006</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 10960.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEDIA CONSULTING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>78083.44</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

A.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: 81023.E3004
Date of Disbursement

Mailing Address 5565 Glenridge Connector NE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	8

City Atlanta State GA Zip Code 30342-4756

Amount of Each Disbursement this Period

114.17

Purpose of Disbursement

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

Cell Phone

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CELL PHONE

State: District:

B.

Full Name (Last, First, Middle Initial)
Bank of Coweta

Transaction ID: 81012.E2968
Date of Disbursement

Mailing Address PO Box 1218

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

City Newnan State GA Zip Code 30264-1218

Amount of Each Disbursement this Period

1994.62

Purpose of Disbursement
See Below

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)
Fogo de Chao Churrascaria

Transaction ID: 81013.E2992
Date of Disbursement

Mailing Address 1101 Pennsylvania Ave NW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

City Washington State DC Zip Code 20004-2514

Amount of Each Disbursement this Period

1117.28

Purpose of Disbursement
Meeting Expense

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: MEETING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2108.79

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

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**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

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 81013.E2993 Date of Disbursement 10 / 01 / 2008
	Mailing Address 4000 E Sky Harbor Blvd	Amount of Each Disbursement this Period 764.50
	City Phoenix State AZ Zip Code 85034-3802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses	[MEMO ITEM] MEMO: TRAVEL EXPENSES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2972 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting	FUNDRAISING CONSULTING
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wes Bruer	Transaction ID: 81023.E2995 Date of Disbursement 10 / 06 / 2008
	Mailing Address 2933 Lynda Ln	Amount of Each Disbursement this Period 90.51
	City Columbus State GA Zip Code 31906-1337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below-No Itemization Necessary	SEE BELOW-NO ITEMIZATION NECESSARY
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1090.51
TOTAL 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

A.

Full Name (Last, First, Middle Initial)
Wes Bruer

Transaction ID: 81023.E2996
Date of Disbursement

Mailing Address 2933 Lynda Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

City Columbus State GA Zip Code 31906-1337

Amount of Each Disbursement this Period

543.36

Purpose of Disbursement
Reimbursement for Mileage

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR MILEAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
Wes Bruer

Transaction ID: 81023.E3007
Date of Disbursement

Mailing Address 2933 Lynda Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

City Columbus State GA Zip Code 31906-1337

Amount of Each Disbursement this Period

489.60

Purpose of Disbursement
Reimbursement for Mileage

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR MILEAGE

State: District:

C.

Full Name (Last, First, Middle Initial)
Fayette Newspaper

Transaction ID: 81012.E2974
Date of Disbursement

Mailing Address Hwy 34

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

City Fayetteville State GA Zip Code 30215-

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
Advertising

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ADVERTISING

State: District:

SUBTOTAL of Disbursements This Page (optional)

1482.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 16

<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

A.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 81023.E2999 Date of Disbursement 10 / 06 / 2008
	Mailing Address 30 S Court Sq	Amount of Each Disbursement this Period 116.16
	City Newnan State GA Zip Code 30263-2049	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Chip Lake	Transaction ID: 81012.E2983 Date of Disbursement 10 / 02 / 2008
	Mailing Address 769 Nob Ridge Dr	Amount of Each Disbursement this Period 159.52
	City Marietta State GA Zip Code 30064-5736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below-No Itemization Necessary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW-NO ITEMIZATION NECESSARY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Lawrence Printing	Transaction ID: 81012.E2969 Date of Disbursement 10 / 01 / 2008
	Mailing Address 3770 Zip Industrial Blvd SE Ste D	Amount of Each Disbursement this Period 123.61
	City Atlanta State GA Zip Code 30354-2906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PRINTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	399.29
TOTAL 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

A.	Full Name (Last, First, Middle Initial) Phoenix Printers Mailing Address 4115 Wisconsin Ave NW Ste 110 City Washington State DC Zip Code 20016-2849 Purpose of Disbursement Printing Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 81012.E2970 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 27.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
B.	Full Name (Last, First, Middle Initial) Premier Mail Company Mailing Address PO Box 27048 City Raleigh State NC Zip Code 27611-7048 Purpose of Disbursement Direct Marketing Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 81023.E2997 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MARKETING
C.	Full Name (Last, First, Middle Initial) Professional Data Services Mailing Address 264 N Lumpkin St # 202 City Athens State GA Zip Code 30601-2742 Purpose of Disbursement Compliance Consulting Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 81012.E2977 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 1508.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING

SUBTOTAL of Disbursements This Page (optional) ►

2536.05

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 16

<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

A. Full Name (Last, First, Middle Initial) Roosevelt Warm Springs Dev. Fund <hr/> Mailing Address PO Box 1000 <hr/> City Warm Springs State GA Zip Code 31830-1000 Purpose of Disbursement Event Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2979 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 304.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING
B. Full Name (Last, First, Middle Initial) Willis Consulting <hr/> Mailing Address 3126 Bransford Rd <hr/> City Augusta State GA Zip Code 30909-3008 Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2971 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional) ►

2304.84

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

88005.88

**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

A.	Full Name (Last, First, Middle Initial) Columbus Regional Medical Foundation	Transaction ID: 81012.E2980 Date of Disbursement 10 / 02 / 2008
	Mailing Address 707 Center St	Amount of Each Disbursement this Period 200.00
	City Columbus State GA Zip Code 31901-1575	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Duke University	Transaction ID: 81012.E2976 Date of Disbursement 10 / 01 / 2008
	Mailing Address Main Campus	Amount of Each Disbursement this Period 5000.00
	City Durham State NC Zip Code 27708-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Honeycutt for Congress	Transaction ID: 81023.E2994 Date of Disbursement 10 / 03 / 2008
	Mailing Address 1155 15th St NW Ste 614	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005-2706	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6200.00
TOTAL 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

A.	Full Name (Last, First, Middle Initial) Jennifer Horn for Congress Mailing Address PO Box 109 City Nashua State NH Zip Code 03061-0109 Purpose of Disbursement CONTRIBUTION Candidate Name JENNIFER M HORN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2975 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jennifer Horn for Congress Mailing Address PO Box 109 City Nashua State NH Zip Code 03061-0109 Purpose of Disbursement CONTRIBUTION Candidate Name JENNIFER M HORN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81023.E3003 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Billy Horne Mailing Address 64 Ivy Springs Dr City Newnan State GA Zip Code 30265-2234 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81023.E3001 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL 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)

<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

A.

Full Name (Last, First, Middle Initial)
Nick Jordan for Congress

Transaction ID: 81023.E3002
Date of Disbursement

Mailing Address 7013 Albervan St

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

City Shawnee State KS Zip Code 66216-2333

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
NICHOLAS M JORDAN

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

Office Sought: House Senate President
State: KS District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
King for House 128

Transaction ID: 81023.E3000
Date of Disbursement

Mailing Address PO Box 235

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

City Gay State GA Zip Code 30218-0235

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Friends of Dave Reichert

Transaction ID: 81023.E3008
Date of Disbursement

Mailing Address PO Box 53322

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

City Bellevue State WA Zip Code 98015-3322

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
DAVE REICHERT

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

Office Sought: House Senate President
State: WA District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<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

A.

Full Name (Last, First, Middle Initial)
Alaskans for Don Young

Mailing Address 2504 Fairbanks St

City Anchorage State AK Zip Code 99503-2822

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DONALD E YOUNG

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 81012.E2981
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	8

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)

11700.00