

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 8

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 [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 01 01 2005 through 03 31 2005

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 04 17 2006

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

Office Use Only							
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	203670.00	248220.00
(b) Total Contribution Refunds (from Line 20(d)).....	3000.00	3000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	200670.00	245220.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37960.12	103829.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	20.55	20.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37939.57	103809.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	338664.12	
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).....	103000.00	

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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).....

141750.00

169650.00

(ii) Unitemized.....

220.00

420.00

(iii) TOTAL of contributions

141970.00

170070.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

61700.00

78150.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

203670.00

248220.00

(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

0.00

0.00

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

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

20.55

20.55

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)..... ▶

203690.55

248240.55

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37960.12	103829.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	16000.00	76000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	16000.00	76000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	3000.00
21. OTHER DISBURSEMENTS.....	5000.00	47637.07
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	61960.12	230466.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196933.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	203690.55
25. SUBTOTAL (add Line 23 and Line 24).....	400624.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61960.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	338664.12

**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 / 90
	<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) A. AFLAC, Inc. PAC		Date of Receipt MM / DD / YYYY 02 / 18 / 2005
Mailing Address 1932 Wynnton Road Attn: Bill Dudley		Transaction ID: 50302.C3376
City Columbus State GA Zip Code 31999	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 8000.00		

Full Name (Last, First, Middle Initial) B. AFLAC, Inc. PAC		Date of Receipt MM / DD / YYYY 02 / 18 / 2005
Mailing Address 1932 Wynnton Road Attn: Bill Dudley		Transaction ID: 50302.C3377
City Columbus State GA Zip Code 31999	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C	Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	
Election Cycle-to-Date ▼ 11000.00		

Full Name (Last, First, Middle Initial) C. Altria Group Inc. PAC		Date of Receipt MM / DD / YYYY 03 / 31 / 2005
Mailing Address Attn: Mr. Greg Scott 101 Constitution Ave., NW		Transaction ID: 50331.C3511
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	9000.00
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 / 90
	<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. Americas Majority Trust

Full Name (Last, First, Middle Initial)
Americas Majority Trust

Mailing Address Att: Congressman Rob Portman
1155 21st St., NW

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3374

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. Associated Equipment Distributors PAC

Full Name (Last, First, Middle Initial)
Associated Equipment Distributors PAC

Mailing Address 121 N. Henry St.
Attn: Chrisitan A. Klein

City State Zip Code
Alexandria VA 22314-2903

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
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50410.C3529

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. Chicago Mercantile Exchange Inc. PAC

Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchange Inc. PAC

Mailing Address 20 S. Wacker Dr.
Attn: Patrick J. Mulchrone

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3384

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) ▶ **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 7 / 90
	<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) A. Committee for Advancement of Cotton PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address Attn: Mr. John McGuire P.O. Box 820292		Transaction ID: 50328.C3442	
City Memphis	State TN	Zip Code 38182	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off Debt 2004	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Committee for Advancement of Cotton PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2005	
Mailing Address Attn: Mr. John McGuire P.O. Box 820292		Transaction ID: 50328.C3444	
City Memphis	State TN	Zip Code 38182	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) C. CSX Corp. Good Govt Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 1331 Pennsylvania Ave. NW Suite 560		Transaction ID: 50328.C3433	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

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 8 / 90
	<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) A. Dealers Election Action Committee of		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address National Auto Dealers Association 8400 Westpark Drive		Transaction ID: 50331.C3517	
City State Zip Code Mc Lean VA 22102	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 3000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Employees of Northrop Grumman PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2005	
Mailing Address Attn: Diane Harper 520 S. Grande Ave.		Transaction ID: 50328.C3448	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Employees of Northrop Grumman PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2005	
Mailing Address Attn: Diane Harper 520 S. Grande Ave.		Transaction ID: 50328.C3447	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 1500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 9 / 90
	<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) A. ENT of Georgia PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address 6525 Professional Place Suite C		Transaction ID: 50331.C3514	
City State Zip Code Riverdale GA 30274		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Georgia Mining Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address Attn: Lee Lemke 4885 Riverside Dr.		Transaction ID: 50331.C3516	
City State Zip Code Macon GA 31210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Georgia Oilmens Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address 1775 Spectrum Drive Suite 100		Transaction ID: 50331.C3518	
City State Zip Code Lawrenceville GA 30043		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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 10 / 90
	<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)
Georgia Pacific PAC

Mailing Address 1120 G Street NW
Suite 1050

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 5

Transaction ID: 50302.C3379

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)
Georgia Peanut Producers Assn PAC

Mailing Address 1408 W. Third Ave.

City Albany State GA Zip Code 31707

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
0 3 / 1 1 / 2 0 0 5

Transaction ID: 50328.C3441

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)
Georgia Power Company PAC

Mailing Address 241 Ralph McGill Blvd. N.E.
Bin 10230

City Atlanta State GA Zip Code 30308-3374

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Run-Off Debt 2004

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 5

Transaction ID: 50410.C3528

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)	▶	5000.00
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 11 / 90
	<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)
HCA Good Govt PAC

Mailing Address P.O. Box 550

City State Zip Code
Nashville TN 37202-0550

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
03 / 31 / 2005

Transaction ID: 50331.C3513

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)
Home Depot Inc., PAC

Mailing Address 2455 Paces Ferry Rd., NW
Floor C-17

City State Zip Code
Atlanta GA 30339-4024

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3378

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)
Home Depot Inc., PAC

Mailing Address 2455 Paces Ferry Rd., NW
Floor C-17

City State Zip Code
Atlanta GA 30339-4024

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50328.C3452

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 12 / 90
	<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)
Larry Walker Campaign

Mailing Address P.O. Box 1234

City State Zip Code
Perry GA 31069

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
03 / 25 / 2005

Transaction ID: 50328.C3477

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)
NAPUS PAC

Mailing Address Attn: Robert M Levi
8 Herbert St.

City State Zip Code
Alexandria VA 22305-2600

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
03 / 11 / 2005

Transaction ID: 50328.C3435

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)
NASBIC PAC

Mailing Address Attn: Lee W. Mercer
666 - 11th Street N.W.

City State Zip Code
Washington DC 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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2005

Transaction ID: 50328.C3437

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 13 / 90
	<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) National Restaurant Association PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 1200 Seventeenth Street, NW Attn: Lee Culpepper		Transaction ID: 50328.C3429
City State Zip Code Washington DC 20036-3097		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) NFIB PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address 1201 F Street, NW Suite 200		Transaction ID: 50302.C3383
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) NRA Political Victory PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address 11250 Waples Mill Road Attn: Brandi Graham Pensoneau		Transaction ID: 50328.C3415
City State Zip Code Fairfax VA 22030-7400		Amount of Each Receipt this Period 4950.00
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9900.00	

SUBTOTAL of Receipts This Page (optional) ▶	10950.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 90
	(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)
Orthopaedic PAC

Mailing Address 317 Massachussetts Ave. NE

City Washington State DC Zip Code 20002

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
 03 / 30 / 2005

Transaction ID: 50330.C3503

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)
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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 18 / 2005

Transaction ID: 50302.C3381

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 18 / 2005

Transaction ID: 50302.C3382

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 / 90
	<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) Realtors PAC Mailing Address 430 N. Michigan Ave. City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50328.C3450 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	5														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) RJR Political Action Committee Mailing Address P.O. Box 718 Attn: John H. Fish City State Zip Code Winston Salem NC 27102 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50302.C3375 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	8		2	0	0	5														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) The Coca-Cola Company PAC Mailing Address P.O. Drawer 1734 City State Zip Code Atlanta GA 30301 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50328.C3436 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	1		2	0	0	5														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00
3000.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td></td> </tr> </table>	

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 / 90
	<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) A. The Freedom Project		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address Attn: Congressman John Boehner 111 C Street, SE		Transaction ID: 50302.C3388
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Troutman Sandes PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address Bank of America Plaza, Ste 5200 600 Peachtree Street, N.E.		Transaction ID: 50330.C3504
City State Zip Code Atlanta GA 30308-2216	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Truck PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address 430 First Street SE Attn: Gray L. Mitchell		Transaction ID: 50328.C3412
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 1000.00	

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: (check only one)	PAGE 17 / 90
	<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) A. Union Pacific Fund for Good Govt PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 600 Thirteenth St., NW Suite 340		Transaction ID: 50328.C3425
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt 2004	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Union Pacific Fund for Good Govt PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 600 Thirteenth St., NW Suite 340		Transaction ID: 50328.C3462
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. US Cuba Democracy PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2005
Mailing Address 1200 W. 49th Street Attn: Muricio J. Claver-Carone		Transaction ID: 50302.C3385
City State Zip Code Hialeah FL 33012	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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:	PAGE 18 / 90
	(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)
USTEAM PAC

Mailing Address 100 West Putnan Ave.
Attn: John Versaggi

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2005

Transaction ID: 50328.C3413

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)
Wine & Spirits Wholesalers PAC

Mailing Address 805 Fifteenth St., NW
Suite 430

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2005

Transaction ID: 50410.C3530

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)	▶	61700.00

**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 / 90
	<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)
Carl Amerson

Mailing Address P.O. Box 4623

City State Zip Code
Macon GA 31208

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

Name of Employer
Amerson Construction Co. Occupation
Owner

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
03 / 04 / 2005

Transaction ID: 50328.C3409

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)
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
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 18 / 2005

Transaction ID: 50302.C3392

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)
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 ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50410.C3531

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) ▶ **4100.00**

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 20 / 90
	<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)
Jack Bowdoin

Mailing Address 105 Runnymede Rd.

City State Zip Code
Griffin GA 30224

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

Name of Employer Occupation
Heritage Bank Executive Vice 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
03 / 25 / 2005

Transaction ID: 50328.C3489

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)
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 Occupation
Information Requested Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2005

Transaction ID: 50328.C3491

Amount of Each Receipt this Period
1350.00

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

C. 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 Occupation
Information Requested Retired

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
03 / 25 / 2005

Transaction ID: 50328.C3490

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	3700.00
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 21 / 90
	<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 Brooks

Mailing Address 4995 Wellington Drive

City Macon State GA Zip Code 31210

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2005

Transaction ID: 50330.C3497

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)
Andrea Burgess

Mailing Address 2970 North Hilandale Circle

City Macon State GA Zip Code 31204

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

Name of Employer Information Requested
Occupation Homemaker

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
03 / 25 / 2005

Transaction ID: 50328.C3474

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)
Malcolm Burgess, Jr.

Mailing Address 2970 North Hilandale Circle

City Macon State GA Zip Code 31204

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

Name of Employer Burgess Pigment Company
Occupation President

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
03 / 25 / 2005

Transaction ID: 50328.C3473

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 22 / 90
	<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)
Marshall Butler

Mailing Address 3960 Riverside Drive

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Butler Automotive Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2005

Transaction ID: 50328.C3438

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)
Michael Collier

Mailing Address 142 Ashley Drive

City State Zip Code
Mcdonough GA 30252

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

Name of Employer Occupation
Trade Winds Communities President

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: 50328.C3402

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)
Michael Collier

Mailing Address 142 Ashley Drive

City State Zip Code
Mcdonough GA 30252

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

Name of Employer Occupation
Trade Winds Communities President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: 50328.C3403

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) ▶ **5000.00**

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 / 90
	<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)
Patricia Curtis

Mailing Address 105 Kaylee Ct.

City Fayetteville State GA Zip Code 30214

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

Name of Employer Information Requested 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
03 / 25 / 2005

Transaction ID: 50328.C3472

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 Draughon

Mailing Address 4768 Brae Burn Lane

City Macon State GA Zip Code 31210

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50331.C3519

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)
Guy Eberhardt, Sr

Mailing Address 4996 Wellington Dr.

City Macon State GA Zip Code 31210

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

Name of Employer Eberhardt Industries 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 Y
03 / 25 / 2005

Transaction ID: 50328.C3465

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) ► **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 24 / 90
	<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 Edington

Mailing Address 1202 Essex Manor Ct.

City State Zip Code
Alexandria VA 22308

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

Name of Employer
Edington, Peel & Associates

Occupation
Government Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2005

Transaction ID: 50328.C3426

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)
Robert Fauls

Mailing Address 3129 Smokey Road

City State Zip Code
Newnan GA 30263

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

Name of Employer
Southern Freight

Occupation
Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3520

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)
Robert Fauls

Mailing Address 3129 Smokey Road

City State Zip Code
Newnan GA 30263

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

Name of Employer
Southern Freight

Occupation
Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3521

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)	▶	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: (check only one)	PAGE 25 / 90
	<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)
Michael Ford

Mailing Address Post Office Box 5128

City State Zip Code
Macon GA 31208-5128

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

Name of Employer Occupation
Montpelia Corporation Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3494

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)
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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2005

Transaction ID: 50328.C3439

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)
Paul Goble

Mailing Address 8131 Banks Mill Road

City State Zip Code
Douglasville GA 30135

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

Name of Employer Occupation
GA Hydraulic Cylinders, Inc. Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3372

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 26 / 90
	<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)
Kirby Godsey

Mailing Address 1400 Coleman Ave.

City Macon State GA Zip Code 31207

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

Name of Employer Mercer University Occupation President and CEO

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
 03 / 25 / 2005

Transaction ID: 50328.C3461

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)
Frank Gunn

Mailing Address 2140 7th Street

City Macon State GA Zip Code 31206

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

Name of Employer Macon Supply Company 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
 03 / 30 / 2005

Transaction ID: 50330.C3498

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)
George Hall

Mailing Address 3815 Overlook Drive

City Macon State GA Zip Code 31204-1324

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

Name of Employer Information Requested 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
 03 / 31 / 2005

Transaction ID: 50410.C3532

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) ▶ **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 27 / 90
	<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)
Lee Hall

Mailing Address 3160 Vista Circle

City State Zip Code
Macon GA 31204-1960

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
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3493

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)
Tommy Hankinson

Mailing Address 108 Griffin Ave.

City State Zip Code
Thomaston GA 30286

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

Name of Employer
Griffin Judicial Court

Occupation
Judge

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3471

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 Hanna

Mailing Address 245 Perimeter Center Parkway
Suite 600

City State Zip Code
Atlanta GA 30346

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

Name of Employer
Compu Credit Corporation

Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2005

Transaction ID: 50328.C3432

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) ▶ **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 28 / 90
	<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)
Frank Hanna

Mailing Address 245 Perimeter Center Parkway N.E.
Suite 600

City Atlanta State GA Zip Code 30346-2300

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

Name of Employer HBR Capital Occupation CEO

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
03 / 11 / 2005

Transaction ID: 50328.C3430

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)
Sally Hanna

Mailing Address 245 Perimeter Center Pkwy., N.E.
Suite 600

City Atlanta State GA Zip Code 30346-2300

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

Name of Employer Information Requested 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 Y
03 / 11 / 2005

Transaction ID: 50328.C3431

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)
Gerry Harkins

Mailing Address 817 Chalet Hills

City Mcdonough State GA Zip Code 30252

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

Name of Employer Southern Pan Services Co. Occupation General 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
02 / 11 / 2005

Transaction ID: 50302.C3368

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) ► 6000.00

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 / 90
	<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)
Gerry Harkins

Mailing Address 817 Chalet Hills

City State Zip Code
Mcdonough GA 30252

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

Name of Employer Occupation
Southern Pan Services Co. General Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2005

Transaction ID: 50302.C3367

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)
Greg Harrell

Mailing Address 665 Birkdale Drive

City State Zip Code
Fayetteville GA 30215

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

Name of Employer Occupation
Fairburn Ready Mix, Inc. Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
1900.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2005

Transaction ID: 50328.C3395

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)
Randy Hayes

Mailing Address 470 Birkdale Drive

City State Zip Code
Fayetteville GA 30215

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

Name of Employer Occupation
Hayes Development Comany Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2005

Transaction ID: 50328.C3396

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 30 / 90
	<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)
Ben Hinson

Mailing Address P.O. Box 2710

City State Zip Code
Macon GA 31203

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

Name of Employer Occupation
Mid Georgia Ambulance President

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
03 / 31 / 2005

Transaction ID: 50410.C3524

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)
Russell Honeycutt

Mailing Address 4675 Lattimore Drive

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Information Requested 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
03 / 31 / 2005

Transaction ID: 50410.C3522

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)
Gerald Hudgins

Mailing Address 125 Westridge Industrial Blvd., St

City State Zip Code
Mcdonough GA 30253

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

Name of Employer Occupation
Apple Realty, Inc. President

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
03 / 17 / 2005

Transaction ID: 50328.C3449

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) ▶ **4100.00**

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 / 90
	<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)
Oney Hudson

Mailing Address 313 Dylan Ct.

City Macon State GA Zip Code 31216

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2005

Transaction ID: 50410.C3526

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)
Hunton & Williams, LLP

Mailing Address 1900 K Street, N.W.
Attn: C. King Mallory

City Washington State DC Zip Code 20006-1109

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼ Primary Debt 2004

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 18 / 2005

Transaction ID: 50302.C3389

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)
Hunton & Williams, LLP

Mailing Address 1900 K Street, N.W.
Attn: C. King Mallory

City Washington State DC Zip Code 20006-1109

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
 03 / 11 / 2005

Transaction ID: 50328.C3434

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 32 / 90
	<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) Otis Ingram		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address P.O. Box 510		Transaction ID: 50331.C3512	
City State Zip Code Bolingbroke GA 31004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ingram & LeGrand Lumber Co.	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Dennis James		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 1060 Brookhaven Walk NE		Transaction ID: 50328.C3400	
City State Zip Code Atlanta GA 30319-4569		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Purpose Solutions, LLC	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Dennis James		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 1060 Brookhaven Walk NE		Transaction ID: 50328.C3401	
City State Zip Code Atlanta GA 30319-4569		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Purpose Solutions, LLC	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
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 / 90
	<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

Full Name (Last, First, Middle Initial) A. David Jeffords		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005	
Mailing Address 7531 Rivoli Road		Transaction ID: 50328.C3469	
City State Zip Code Macon GA 31210-5202	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Stern, Agee & Leach Inc.	Occupation Financial Advisor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Patsy Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address 137 Pine Bluff Trail		Transaction ID: 50331.C3510	
City State Zip Code Jackson GA 30233	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Donald Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005	
Mailing Address 116 Plantation Oaks Dr.		Transaction ID: 50328.C3468	
City State Zip Code Macon GA 31220	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Norfolk Southern Inc.	Occupation Account Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 / 90
	<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)
Samuel Jones

Mailing Address P.O. Box 6957

City State Zip Code
Macon GA 31208

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

Name of Employer
Baldschun, Cable and Jones

Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3495

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)
John Kendrick

Mailing Address P.O. Box 38
270 Hwy. 314

City State Zip Code
Fayetteville GA 30214

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3509

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)
Myron Koplin

Mailing Address 5300 Zebulon Road
1215

City State Zip Code
Macon GA 31210

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

Name of Employer
Information Requested

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50410.C3523

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 35 / 90
	<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)
Michel Lamy

Mailing Address 124 Shadowood Lane

City State Zip Code
Peachtree City GA 30269-2253

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

Name of Employer Best Effort Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2005

Transaction ID: 50328.C3397

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)
Michel Lamy

Mailing Address 124 Shadowood Lane

City State Zip Code
Peachtree City GA 30269-2253

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

Name of Employer Best Effort Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3487

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)
Joe Lee

Mailing Address 795 East Lanier Avenue Suite D

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Carter Goble Lee, LLC Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2005

Transaction ID: 50328.C3410

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) ► 2300.00

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 / 90
	<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 Leebern

Mailing Address 4325 Massachusetts Ave. N.W.

City Washington State DC Zip Code 20016

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

Name of Employer Troutman Sanders Occupation President - Fed. Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3496

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)
Donald Leebern, III

Mailing Address P.O. Box 7908

City Columbus State GA Zip Code 31908

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

Name of Employer Georgia Crown Dist. Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3364

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)
Donald Leebern, III

Mailing Address P.O. Box 7908

City Columbus State GA Zip Code 31908

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

Name of Employer Georgia Crown Dist. Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3363

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)	▶	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: (check only one)	PAGE 37 / 90
	<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 Leebern, Jr.

Mailing Address 100 Georgia Crown Drive

City Mcdonough State GA Zip Code 30253

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

Name of Employer Georgia Crown Dist. Company Occupation CEO

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 2 / 1 1 / 2 0 0 5

Transaction ID: 50302.C3366

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)
Donald Leebern, Jr.

Mailing Address 100 Georgia Crown Drive

City Mcdonough State GA Zip Code 30253

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

Name of Employer Georgia Crown Dist. Company Occupation CEO

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
 0 2 / 1 1 / 2 0 0 5

Transaction ID: 50302.C3365

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)
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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 0 5

Transaction ID: 50328.C3486

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)	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 38 / 90
	(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)
Alice Mallory

Mailing Address P.O. Box 778

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Information Requested Occupation
Homemaker

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

1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3479

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)
John McGarity

Mailing Address 91 Ben Horton Dr.

City State Zip Code
Mcdonough GA 30253

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

Name of Employer Information Requested Occupation
John McGarity Realty, LLC President

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

1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3460

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)
William McNally

Mailing Address 125 Triple Crown Pointe

City State Zip Code
Fayetteville GA 30215

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

Name of Employer Information Requested Occupation
Attorney

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

1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50413.C3533

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 39 / 90
	<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)
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 ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2005

Transaction ID: 50328.C3414

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)
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 ▼

3000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3515

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)
Jack Middleton

Mailing Address 500 Westpark Drive Suite 300

City Peachtree City State GA Zip Code 30269

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

Name of Employer SMC3 Occupation President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2005

Transaction ID: 50328.C3399

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) ▶ **5000.00**

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 / 90
	<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)
Douglas Mitchell

Mailing Address Pathway Communities
P.O. Box 2007

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Pathway Communities Occupation Owner

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

3000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3391

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)
Douglas Mitchell

Mailing Address Pathway Communities
P.O. Box 2007

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Pathway Communities Occupation Owner

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

5000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3390

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)
Malcolm Moore

Mailing Address 4700 Brae Burn Lane

City State Zip Code
Macon GA 31210

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

Name of Employer Eye Center of Central Georgia Occupation Physician

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

500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3507

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) ▶ **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: (check only one)	PAGE 41 / 90
	<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)
Keith Morrison

Mailing Address 5805 32nd St. N.W.

City Washington State DC Zip Code 20015

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

Name of Employer Best Effort Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3371

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)
Hugh Morton

Mailing Address 330 North Drive

City Fairburn State GA Zip Code 30213

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

Name of Employer Peachtree Homes Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2005

Transaction ID: 50328.C3405

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)
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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50328.C3455

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 42 / 90
	<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)
Emily Myers

Mailing Address Post Office Box 4582

City State Zip Code
Macon GA 31208

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

Name of Employer Mercer University Occupation Vice President

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
03 / 25 / 2005

Transaction ID: 50328.C3466

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)
Edmund Olson

Mailing Address 200 Idle Hour Drive

City State Zip Code
Macon GA 31210

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

Name of Employer Information Requested 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
03 / 30 / 2005

Transaction ID: 50330.C3499

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)
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 Carey Paul Ford Occupation Owner

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
03 / 25 / 2005

Transaction ID: 50328.C3458

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) ▶ **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 43 / 90
	<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)
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
M M / D D / Y Y Y Y Y
03 / 25 / 2005

Transaction ID: 50328.C3459

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)
Ronald Payne

Mailing Address 5721 Sweetbriar Trail

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Payne Investments Owner

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
03 / 31 / 2005

Transaction ID: 50410.C3525

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)
Louie Pery

Mailing Address 16 Tenth Street, N.E.

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Cornerstone Govt Affairs Vice President

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
03 / 11 / 2005

Transaction ID: 50328.C3422

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 44 / 90
	<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)
Noel Poirier

Mailing Address 35 Cove Point

City State Zip Code
Newnan GA 30263

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

Name of Employer Occupation
Airtran Airways, Inc. Pilot

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2005

Transaction ID: 50302.C3361

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)
Noel Poirier

Mailing Address 35 Cove Point

City State Zip Code
Newnan GA 30263

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

Name of Employer Occupation
Airtran Airways, Inc. Pilot

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2005

Transaction ID: 50328.C3407

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)
Benjamin Porter

Mailing Address 5300 Zebulon Road

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3501

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 45 / 90
	<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)
John Pruitt

Mailing Address 914 West Taylor Street

City State Zip Code
Griffin GA 30224

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

Name of Employer Occupation
Greg Pruitt Construction Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Run-Off Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50328.C3445

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)
Laura Quattlebaum

Mailing Address 2050 Cherokee Drive

City State Zip Code
Columbus GA 31906

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

Name of Employer Occupation
Troutman Sanders Public Manger, Fed. Affairs
Affair

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2005

Transaction ID: 50328.C3418

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)
Brenda Raptis

Mailing Address 406 Lone Oak Rd.

City State Zip Code
Grantville GA 30220

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

Name of Employer Occupation
Information Requested Homemaker

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
03 / 04 / 2005

Transaction ID: 50328.C3408

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 46 / 90
	<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)
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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2005

Transaction ID: 50302.C3387

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)
Jerry Robinson

Mailing Address 506 Tuxedo Lane

City State Zip Code
Peachtree City GA 30269

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

Name of Employer
First American
Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3463

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)
Patricia Robinson

Mailing Address 506 Tuxedo Lane

City State Zip Code
Peachtree City GA 30269

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

Name of Employer
Information Requested
Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2005

Transaction ID: 50328.C3464

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) ▶ **5000.00**

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 / 90
	<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)
John Rogers

Mailing Address 280 Country Club Road

City State Zip Code
Macon GA 31210

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

Name of Employer Information Requested Occupation
Retired

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

250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50330.C3502

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)
Ronnie Rollins

Mailing Address 199 Atlanta Road

City State Zip Code
Gray GA 31032

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

Name of Employer Ethica Health and Retirement Occupation
CEO

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

2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50331.C3505

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)
Robert Ryan

Mailing Address P.O. Box 967

City State Zip Code
Jackson GA 30233

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

Name of Employer T.A. Truck Stops Occupation
Owner

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

300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50328.C3446

Amount of Each Receipt this Period
300.00

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 48 / 90
	<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) A. Alfred Sams		Date of Receipt MM / DD / YYYY 03 / 11 / 2005
Mailing Address 6086 Forsyth Road		Transaction ID: 50328.C3423
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer MCT Wholesale	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off Debt 2004	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Brent Scarbrough		Date of Receipt MM / DD / YYYY 03 / 25 / 2005
Mailing Address 155 Robinson Dr.		Transaction ID: 50328.C3484
City Fayetteville	State GA	Zip Code 30214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Brent Scarbrough, Inc.	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Brent Scarbrough		Date of Receipt MM / DD / YYYY 03 / 25 / 2005
Mailing Address 155 Robinson Dr.		Transaction ID: 50328.C3485
City Fayetteville	State GA	Zip Code 30214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Brent Scarbrough, Inc.	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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 49 / 90
	<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)
Ron Scroggy

Mailing Address 6275 Shallow Creek Lane

City Douglasville State GA Zip Code 30135

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

Name of Employer Best Effort 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
 03 / 11 / 2005

Transaction ID: 50328.C3424

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)
Larry Sellers

Mailing Address 133 Gantt Lane

City Fayetteville State GA Zip Code 30215

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

Name of Employer Volume Trucking Occupation Executive

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
 03 / 25 / 2005

Transaction ID: 50328.C3456

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)
Larry Sellers

Mailing Address 133 Gantt Lane

City Fayetteville State GA Zip Code 30215

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

Name of Employer Volume Trucking Occupation Executive

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
 03 / 25 / 2005

Transaction ID: 50328.C3457

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)	▶	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: (check only one)	PAGE 50 / 90
	<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)
Michael Shoffner

Mailing Address 102 Wolf Creek Drive N

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Neurology Associates Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2005

Transaction ID: 50330.C3500

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)
Phillip Smelley

Mailing Address 594 Gingercake Rd.

City State Zip Code
Fayetteville GA 30214-1071

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

Name of Employer Occupation
The Complete Insurance Source President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Run-Off Debt 2004

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2005

Transaction ID: 50328.C3398

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)
Connell Stafford

Mailing Address 3920 Club Drive

City State Zip Code
Atlanta GA 30319

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

Name of Employer Occupation
Troutman Sanders Public Affair Director of Public Strategies

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 50328.C3476

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 51 / 90
	<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 Stephenson

Mailing Address P.O. Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co Occupation President

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
 03 / 11 / 2005

Transaction ID: 50328.C3420

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)
James Stephenson

Mailing Address P.O. Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co Occupation President

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
 03 / 11 / 2005

Transaction ID: 50328.C3419

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)
Wayne Stone

Mailing Address 3680 Smokey Rd.

City Newnan State GA Zip Code 30263

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

Name of Employer Information Requested 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
 02 / 25 / 2005

Transaction ID: 50328.C3393

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) ► **5000.00**

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 / 90
	<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)
Joe Tanner

Mailing Address 50 Hurt Plaza
Suite 930

City Atlanta State GA Zip Code 30303

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

Name of Employer Joe Tanner and Associates Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2005

Transaction ID: 50328.C3416

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)
William Timmons

Mailing Address 4840 Sedgwick St. NW

City Washington State DC Zip Code 20016

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

Name of Employer Best Effort 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
03 / 11 / 2005

Transaction ID: 50328.C3421

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)
Richard Ussery

Mailing Address 1 Mountain Ridge Ct.

City Columbus State GA Zip Code 31904

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

Name of Employer Total System Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2005

Transaction ID: 50302.C3386

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) ▶ **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: (check only one)	PAGE 53 / 90
	<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)
Stewart Van Scoyoc

Mailing Address 131 Yarnick Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Best Effort 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
0 2 / 1 8 / 2 0 0 5

Transaction ID: 50302.C3370

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)
Debra Walker

Mailing Address 171 County Line Road

City State Zip Code
Fayetteville GA 30215

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 5

Transaction ID: 50328.C3482

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)
Debra Walker

Mailing Address 171 County Line Road

City State Zip Code
Fayetteville GA 30215

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 5

Transaction ID: 50328.C3483

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 / 90
	<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)
Doug Walker

Mailing Address 171 County Line Road

City Fayetteville State GA Zip Code 30215

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

Name of Employer Walker Concrete Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2005

Transaction ID: 50328.C3481

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)
Doug Walker

Mailing Address 171 County Line Road

City Fayetteville State GA Zip Code 30215

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

Name of Employer Walker Concrete Occupation Owner

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
 03 / 25 / 2005

Transaction ID: 50328.C3480

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)
Harold Walker

Mailing Address 152 Hampton Rd.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Walker Harris Trucking Co. Occupation Executive

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
 03 / 11 / 2005

Transaction ID: 50328.C3427

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) ► **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: (check only one)	PAGE 55 / 90
	<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)
Harold Walker

Mailing Address 152 Hampton Rd.

City State Zip Code
Fayetteville GA 30215

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

Name of Employer Walker Harris Trucking Co. Occupation Executive

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
03 / 11 / 2005

Transaction ID: 50328.C3428

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)
Sue Walker

Mailing Address 145 Mary Lynn Lane

City State Zip Code
Fayetteville GA 30214-1131

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

Name of Employer Information Requested 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
03 / 31 / 2005

Transaction ID: 50331.C3508

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)
J.A. Walters

Mailing Address 2401 Island Drive

City State Zip Code
Gainesville GA 30501

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

Name of Employer Walters Management Company Occupation President

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
03 / 11 / 2005

Transaction ID: 50328.C3417

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)	▶	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: (check only one)	PAGE 56 / 90
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Sam Wellborn

Mailing Address 2110 Oak Ave.

City State Zip Code
Columbus GA 31906

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
03 / 17 / 2005

Transaction ID: 50328.C3454

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)
Leo Wells

Mailing Address P.O. Box 926040

City State Zip Code
Norcross GA 30010-6040

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

Name of Employer Wells and Associates, Inc. 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
03 / 17 / 2005

Transaction ID: 50328.C3451

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 White

Mailing Address 330 Cournty Lane Road

City State Zip Code
Fayetteville GA 30214

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 50328.C3478

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: (check only one)	PAGE 57 / 90
	<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)
John Wieland

Mailing Address 3245 Nancy Creek Rd.

City Atlanta State GA Zip Code 30327

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

Name of Employer John Wieland Homes, Inc. Occupation Chairman and CEO

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
03 / 04 / 2005

Transaction ID: 50328.C3406

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)
F.S. Wilkinson

Mailing Address P.O. Box 116

City Haralson State GA Zip Code 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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: 50328.C3411

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)
Tim Williams

Mailing Address 3571 Todd Drive

City Douglasville State GA Zip Code 30135

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

Name of Employer Greystone Power Corp. Occupation V.P. Corpotate Administration

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
02 / 11 / 2005

Transaction ID: 50302.C3369

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:	PAGE 58 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Sandeep Yadav

Mailing Address 8942 Peach Ct.

City State Zip Code
Jonesboro GA 30236

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

Name of Employer Occupation
Heritage Bank Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 50328.C3488

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)
James Zachry

Mailing Address P.O. Box 1048

City State Zip Code
Lagrange GA 30241-0019

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

Name of Employer Occupation
LaGrange Grocery Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2005

Transaction ID: 50302.C3373

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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	141750.00

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) A. ADP Easypay Atlanta		Transaction ID: 50408.E1385 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 56.60
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 PAYROLL FEES	Candidate Name	PAYROLL FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Easypay Atlanta		Transaction ID: 50330.E1378 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 57.29
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 PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP Easypay Atlanta		Transaction ID: 50330.E1376 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 73.07
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 PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
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) ▶	186.96
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

Full Name (Last, First, Middle Initial) A. ADP Easypay Atlanta		Transaction ID: 50330.E1377 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 98.17
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 PAYROLL TAX	Candidate Name	PAYROLL TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Easypay Atlanta		Transaction ID: 50330.E1374 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 245.50
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 PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP Easypay Atlanta		Transaction ID: 50330.E1372 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 5680 New Northside Drive		Amount of Each Disbursement this Period 73.07
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 PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
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) ▶	416.74
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

Full Name (Last, First, Middle Initial) A. ADP Easypay Atlanta		Transaction ID: 50712.E1490 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAYROLL EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4950.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Easypay Atlanta		Transaction ID: 50331.E1380 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAYROLL EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="245.50"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Easypay Atlanta		Transaction ID: 50331.E1379 Date of Disbursement
Mailing Address 5680 New Northside Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
City Atlanta	State GA	Zip Code 30328-
Purpose of Disbursement PAYROLL EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="73.07"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5268.57"/>
TOTAL 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)

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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) A. Bank of Coweta		Transaction ID: 50302.E1281 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 3498.15
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 CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of Coweta		Transaction ID: 50302.E1315 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 20.00
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 ANNUAL FEE	Candidate Name	[MEMO ITEM] MEMO: ANNUAL FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank of Coweta		Transaction ID: 50302.E1316 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 20.00
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 ANNUAL FEE	Candidate Name	[MEMO ITEM] MEMO: ANNUAL FEE
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) ▶	3498.15
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

Full Name (Last, First, Middle Initial) A. Capitol Entertainment		Transaction ID: 50302.E1318 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address 3629 18th Street, SE.		Amount of Each Disbursement this Period 425.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Crystal Springs Water		Transaction ID: 50302.E1304 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 14.45
City Atlanta State GA Zip Code 30353-0578	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WATER FOR OFFICE Candidate Name	Category/Type	[MEMO ITEM] MEMO: WATER FOR OFFICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crystal Springs Water		Transaction ID: 50302.E1300 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 530578		Amount of Each Disbursement this Period 15.07
City Atlanta State GA Zip Code 30353-0578	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WATER FOR OFFICE Candidate Name	Category/Type	[MEMO ITEM] MEMO: WATER FOR OFFICE
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) ▶	0.00
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 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) A. Delta Airlines		Transaction ID: 50302.E1289 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period 193.20
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 50302.E1291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period 230.20
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 50302.E1290 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address Hartsfield Intl Airport		Amount of Each Disbursement this Period 193.20
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSES
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) ▶	0.00
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)

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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) A. Earthlink		Transaction ID: 50302.E1294 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 21.95
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE	Candidate Name	[MEMO ITEM] MEMO: BLACKBERRY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Earthlink		Transaction ID: 50302.E1297 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 51.45
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	[MEMO ITEM] MEMO: INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Earthlink		Transaction ID: 50302.E1302 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 41.15
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	[MEMO ITEM] MEMO: INTERNET SERVICE
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) ▶	0.00
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)

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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) A. Flash Foods		Transaction ID: 50302.E1307 Date of Disbursement 02 / 05 / 2005	
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 20.02	
City Newnan	State GA	Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Flash Foods		Transaction ID: 50302.E1308 Date of Disbursement 02 / 05 / 2005	
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 26.50	
City Newnan	State GA	Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 50302.E1299 Date of Disbursement 02 / 05 / 2005	
Mailing Address Newnan Pavillon 1064 Bullsboro Rd.		Amount of Each Disbursement this Period 4.91	
City Newnan	State GA	Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADMINISTRATIVE EXPE- NSES: OFFICE SUP
Purpose of Disbursement ADMINISTRATIVE EXPENSES: OFFICE SUP		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

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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) A. Quick Trip		Transaction ID: 50302.E1306 Date of Disbursement 02 / 05 / 2005	
Mailing Address Newnan		Amount of Each Disbursement this Period 26.50	
City Newnan	State GA	Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ship and Shore Travel Agency		Transaction ID: 50302.E1293 Date of Disbursement 02 / 05 / 2005	
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 986.00	
City Macon	State GA	Zip Code 31204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ship and Shore Travel Agency		Transaction ID: 50302.E1292 Date of Disbursement 02 / 05 / 2005	
Mailing Address Macon, Georgia		Amount of Each Disbursement this Period 700.00	
City Macon	State GA	Zip Code 31204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSES
Purpose of Disbursement TRAVEL EXPENSES	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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) A. Sprayberrys BBQ		Transaction ID: 50302.E1313 Date of Disbursement 02 / 05 / 2005	
Mailing Address Bullsboro Road		Amount of Each Disbursement this Period 53.00	
City Newnan	State GA	Zip Code 30265-	
Purpose of Disbursement LUNCH EXPENSES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: LUNCH EXPENSES		

Full Name (Last, First, Middle Initial) B. Tortilla Coast		Transaction ID: 50302.E1319 Date of Disbursement 02 / 05 / 2005	
Mailing Address Washington DC		Amount of Each Disbursement this Period 172.06	
City Washington	State DC	Zip Code 20515-	
Purpose of Disbursement TRAVEL EXPENSES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSES		

Full Name (Last, First, Middle Initial) C. United States Post Office		Transaction ID: 50302.E1288 Date of Disbursement 02 / 05 / 2005	
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 20.97	
City Sharpsburg	State GA	Zip Code 30277-	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:	[MEMO ITEM] MEMO: POSTAGE		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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) A. United States Post Office		Transaction ID: 50302.E1295 Date of Disbursement 02 / 05 / 2005
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 416.57
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 POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Post Office		Transaction ID: 50302.E1298 Date of Disbursement 02 / 05 / 2005
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 120.00
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 POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50302.E1296 Date of Disbursement 02 / 05 / 2005
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 135.59
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 CELL PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE SERVICE
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) ▶	0.00
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)

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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) A. Verizon Wireless		Transaction ID: 50302.E1305 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 225.28 <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	[MEMO ITEM] MEMO: CELL PHONE SERVICE	
Purpose of Disbursement CELL PHONE SERVICE		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bank of Coweta		Transaction ID: 50302.E1322 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address Attn: Ann Hand P.O. Box 1218		Amount of Each Disbursement this Period 3626.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newnan State GA Zip Code 30264-	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. All Conferencing, Inc.		Transaction ID: 50328.E1340 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address 255 Old New Brunswick Rd. Ste. N320		Amount of Each Disbursement this Period 38.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Piscataway State NJ Zip Code 08854-	[MEMO ITEM] MEMO: CONFERENCE CALL COSTS	
Purpose of Disbursement CONFERENCE CALL COSTS		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3626.85
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 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) A. Earthlink		Transaction ID: 50328.E1341 Date of Disbursement 02 / 18 / 2005	
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 21.95	
City Atlanta State GA Zip Code 30309-	Purpose of Disbursement BLACKBERRY SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: BLACKBERRY SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Earthlink		Transaction ID: 50328.E1342 Date of Disbursement 02 / 18 / 2005	
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 51.45	
City Atlanta State GA Zip Code 30309-	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: INTERNET SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Earthlink		Transaction ID: 50328.E1343 Date of Disbursement 02 / 18 / 2005	
Mailing Address 1439 Peachtree Street		Amount of Each Disbursement this Period 41.15	
City Atlanta State GA Zip Code 30309-	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: INTERNET SERVICE	
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) ▶	0.00
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 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) A. Hyatt Regency Capitol Hill		Transaction ID: 50328.E1339 Date of Disbursement MM / DD / YYYY 02 / 18 / 2005
Mailing Address Washington DC		Amount of Each Disbursement this Period 67.20
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hyatt Regency Capitol Hill		Transaction ID: 50328.E1352 Date of Disbursement MM / DD / YYYY 02 / 18 / 2005
Mailing Address Washington DC		Amount of Each Disbursement this Period 154.95
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 50328.E1351 Date of Disbursement MM / DD / YYYY 02 / 18 / 2005
Mailing Address Newnan Pavillon 1064 Bullsboro Rd.		Amount of Each Disbursement this Period 40.64
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES: INVITATION	Candidate Name	[MEMO ITEM] MEMO: FUNDRAISING EXPENSES: INVITATION
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) ▶	0.00
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 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)
Sprayberrys BBQ

Mailing Address Bullsboro Road

City Newnan State GA Zip Code 30265-

Purpose of Disbursement LUNCH EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 50328.E1337
Date of Disbursement

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

Amount of Each Disbursement this Period

51.39

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

[MEMO ITEM]
MEMO: LUNCH EXPENSES

B. Full Name (Last, First, Middle Initial)
The Caucus Room

Mailing Address 401 9th Street

City Washington State DC Zip Code 20004-

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 50328.E1331
Date of Disbursement

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

Amount of Each Disbursement this Period

244.49

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSES

C. Full Name (Last, First, Middle Initial)
The Congressional Institute

Mailing Address 401 Wythe Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 50328.E1336
Date of Disbursement

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

Amount of Each Disbursement this Period

1801.00

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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) A. United States Post Office		Transaction ID: 50328.E1349 Date of Disbursement 02 / 18 / 2005
Mailing Address 6545 Hwy 54		Amount of Each Disbursement this Period 370.00
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 POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50328.E1345 Date of Disbursement 02 / 18 / 2005
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 227.31
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 CELL PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50328.E1344 Date of Disbursement 02 / 18 / 2005
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 112.20
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 CELL PHONE SERVICE	Candidate Name	[MEMO ITEM] MEMO: CELL PHONE SERVICE
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) ▶	0.00
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)

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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) A. Bell South		Transaction ID: 50302.E1323 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 740144		Amount of Each Disbursement this Period 304.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Category/Type PHONE BILL	
Purpose of Disbursement PHONE BILL	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE BILL
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 50302.E1287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 5
Mailing Address 815 Slaters Lane		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
City Alexandria State VA Zip Code 22314-	Category/Type FUNDRAISING CONSULTING FEE	
Purpose of Disbursement FUNDRAISING CONSULTING FEE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 50302.E1276 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 5
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2368.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/Type FINANCIAL CONSULTING FEE	
Purpose of Disbursement FINANCIAL CONSULTING FEE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FINANCIAL CONSULTING FEE
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3672.14
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 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) A. Bellwether Consulting Group		Transaction ID: 50328.E1369 Date of Disbursement 03 / 25 / 2005
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2552.18
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 FUNDRAISING CONSULTING FEE		FUNDRAISING CONSULTING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carol Brady		Transaction ID: 50328.C3491IK Date of Disbursement 03 / 25 / 2005
Mailing Address 410 Vanderwall		Amount of Each Disbursement this Period 1350.00
City Peachtree City State GA Zip Code 30269-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement		IN KIND:
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Brady		Transaction ID: 50328.C3490IK Date of Disbursement 03 / 25 / 2005
Mailing Address 410 Vanderwall		Amount of Each Disbursement this Period 2100.00
City Peachtree City State GA Zip Code 30269-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement		IN KIND:
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6002.18
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)

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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

A. Chick-fil-A Full Name (Last, First, Middle Initial) Mailing Address 5 Glenda Trace City Newnan State GA Zip Code 30263- Purpose of Disbursement TRAVEL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50302.E1279 Date of Disbursement 02 / 05 / 2005 Amount of Each Disbursement this Period 567.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSES
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B. Christian Coalition Full Name (Last, First, Middle Initial) Mailing Address 8975 Roswell Road City Atlanta State GA Zip Code 30350- Purpose of Disbursement DONATION - CIVIC ORGANIZATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50302.E1283 Date of Disbursement 02 / 05 / 2005 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 DONATION - CIVIC ORGANIZATION
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address 4757 Highway 34 E City Sharpsburg State GA Zip Code 30277- Purpose of Disbursement ADMINISTRATIVE EXPENSE: CELL PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50328.E1366 Date of Disbursement 03 / 25 / 2005 Amount of Each Disbursement this Period 203.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADMINISTRATIVE EXPENSE: CELL PHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	1770.72
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

Full Name (Last, First, Middle Initial) A. Kelly Earley		Transaction ID: 50330.E1375 Date of Disbursement 01 / 31 / 2005
Mailing Address 19 Grey Fox Court		Amount of Each Disbursement this Period 457.58
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Kelly Earley		Transaction ID: 50330.E1373 Date of Disbursement 02 / 28 / 2005
Mailing Address 19 Grey Fox Court		Amount of Each Disbursement this Period 866.00
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Kelly Earley		Transaction ID: 50331.E1381 Date of Disbursement 03 / 31 / 2005
Mailing Address 19 Grey Fox Court		Amount of Each Disbursement this Period 866.00
City Newnan State GA Zip Code 30265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name		SALARY
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2189.58
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. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50328.E1328 Date of Disbursement 03 / 11 / 2005 Amount of Each Disbursement this Period 44.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
--	--	---

B. Georgia Natural Gas Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 659411 City San Antonio State TX Zip Code 78265-9411 Purpose of Disbursement MONTHLY SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50302.E1286 Date of Disbursement 02 / 11 / 2005 Amount of Each Disbursement this Period 179.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY SERVICE
---	--	---

C. ITC Delta Com Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1233 City Arab State AL Zip Code 35016- Purpose of Disbursement PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50302.E1282 Date of Disbursement 02 / 05 / 2005 Amount of Each Disbursement this Period 681.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
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SUBTOTAL of Disbursements This Page (optional) ▶	904.90
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

Full Name (Last, First, Middle Initial) A. H.E. Lake		Transaction ID: 50302.E1320 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address 769 Nob Ridge Drive		Amount of Each Disbursement this Period 250.00
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 ADMINISTRATIVE EXPENSES: SALARY		ADMINISTRATIVE EXPENSES: SALARY
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) ▼	

Full Name (Last, First, Middle Initial) B. H.E. Lake		Transaction ID: 50328.E1330 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 769 Nob Ridge Drive		Amount of Each Disbursement this Period 500.00
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 SALARY		SALARY
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) ▼	

Full Name (Last, First, Middle Initial) C. Lawrence Printing		Transaction ID: 50302.E1284 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 5
Mailing Address 3770-D Zip Industrial Blvd.		Amount of Each Disbursement this Period 1523.75
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 ADMINISTRATIVE EXPENSES: PRINTING		ADMINISTRATIVE EXPENSES: PRINTING
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) ▶	2273.75
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

Full Name (Last, First, Middle Initial) A. The Stoneridge Group		Transaction ID: 50328.E1324 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 13010 Morris Road Sixth Floor		Amount of Each Disbursement this Period 300.00
City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES: DESIGN OF LOG		FUNDRAISING EXPENSES: DES- IGN OF LOG
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Joan Westmoreland		Transaction ID: 50328.E1327 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 25 Bretts Bend		Amount of Each Disbursement this Period 998.58
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 TRAVEL EXPENSES		TRAVEL EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Joan Westmoreland		Transaction ID: 50328.E1353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 5
Mailing Address 25 Bretts Bend		Amount of Each Disbursement this Period 209.20
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 TRAVEL EXPENSES		TRAVEL EXPENSES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1507.78
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

Full Name (Last, First, Middle Initial) A. Willis Consulting		Transaction ID: 50302.E1277 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 5
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 2000.00
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES: FEE		FUNDRAISING EXPENSES: FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Willis Consulting		Transaction ID: 50302.E1278 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 5
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 2090.00
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES: FEE		FUNDRAISING EXPENSES: FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Willis Consulting		Transaction ID: 50328.E1329 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 3126 Bransford Road		Amount of Each Disbursement this Period 2000.00
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES: FEE		FUNDRAISING EXPENSES: FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6090.00
TOTAL This Period (last page this line number only) ▶	37408.32

**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 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

Full Name (Last, First, Middle Initial) A. Lynn Westmoreland		Transaction ID: 50302.E1321 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 5
Mailing Address 25 Bretts Bend		Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sharpsburg State GA Zip Code 30277-	Purpose of Disbursement Repay Loan Made/Guar. by Cand Repayment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Lynn Westmoreland		Transaction ID: 50328.E1355 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 5
Mailing Address 25 Bretts Bend		Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sharpsburg State GA Zip Code 30277-	Purpose of Disbursement Repay Loan Made/Guar. by Cand Loan Repay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

16000.00

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

16000.00

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 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. Beauprez for Congress		Transaction ID: 50328.E1356 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 501		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheat Ridge State CO Zip Code 80034-	Purpose of Disbursement	
Candidate Name BOB BEAUPREZ	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Fitzpatrick for Congress		Transaction ID: 50328.E1357 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Michael Fitzpatrick PA8
City Doylestown State PA Zip Code 18901-	Purpose of Disbursement MICHAEL FITZPATRICK PA8	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gerlach for Congress		Transaction ID: 50328.E1358 Date of Disbursement 03 / 25 / 2005
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Downingtown State PA Zip Code 19335-	Purpose of Disbursement	
Candidate Name JIM GERLACH	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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<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. Musgrave for Congress		Transaction ID: 50328.E1359 Date of Disbursement 03 / 25 / 2005
Mailing Address 5401 Stone Creek Circle, Ste. 777		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Loveland State CO Zip Code 80538-	Purpose of Disbursement	
Candidate Name MARILYN N MUSGRAVE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northup for Congress		Transaction ID: 50328.E1360 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40257-	Purpose of Disbursement	
Candidate Name ANNE M NORTHUP	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Porter for Congress		Transaction ID: 50328.E1361 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 26087		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89126-	Purpose of Disbursement	
Candidate Name JON C SR PORTER	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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

Full Name (Last, First, Middle Initial) A. Dave Reichert for Congress		Transaction ID: 50328.E1362 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 53322		Amount of Each Disbursement this Period 500.00
City Bellevue State WA Zip Code 98015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DAVE REICHERT WA8	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Renzi for Congress		Transaction ID: 50328.E1363 Date of Disbursement 03 / 25 / 2005
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 500.00
City Prescott State AZ Zip Code 86302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RICHARD GEORGE RENZI	Candidate Name RICHARD GEORGE RENZI	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Simmons for Congress		Transaction ID: 50328.E1364 Date of Disbursement 03 / 25 / 2005
Mailing Address 12 Roosevelt Ave.		Amount of Each Disbursement this Period 500.00
City Mystic State CT Zip Code 06355-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ROB SIMMONS CT2	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

PAGE 87 / 90

<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. Friends of Mike Sodrel

Mailing Address 702 North Shore Drive, Ste. 500

City Jeffersonville State IN Zip Code 47130-

Purpose of Disbursement

Candidate Name
MICHAEL E SODREL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: 50328.E1365

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		2	5		2	0	0	5

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

5000.00

**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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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) A. Congressman Nathan Deal		Transaction ID: 50328.E1326 Date of Disbursement 02 / 25 / 2005
Mailing Address P.O. Box 902 Attn: Chris Riley		Amount of Each Disbursement this Period 2000.00
City Gainesville State GA Zip Code 30503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Nathan Deal GA10 Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Bobby Jindal		Transaction ID: 50328.E1325 Date of Disbursement 02 / 25 / 2005
Mailing Address 8550 United Plaza Blvd Suite 1001		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Bobby Jindal LA1 Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 89 / 90
	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: LS0406200420C1804

LOAN SOURCE Full Name (Last, First, Middle Initial) Lynn Westmoreland - Personal Funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Bretts Bend	
City Sharpsburg State GA ZIP Code 30277-	
Original Amount of Loan 130000.00	Cumulative Payment To Date 119000.00
Balance Outstanding at Close of This Period 11000.00	

TERMS

Date Incurred MM DD YYYY 03 31 2004	Date Due 20051231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	11000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 90 / 90
	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

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	8000.00	92000.00

TERMS

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

SUBTOTALS This Period This Page (optional)	92000.00
TOTALS This Period (last page in this line only)	103000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	