

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

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

2. **FEC IDENTIFICATION NUMBER** C00120519  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2010 through 09 30 2010

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 WILLIAM GOLAN BUCK

Signature of Treasurer Electronically Filed by WILLIAM GOLAN BUCK Date 12 06 2010

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

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

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

Write or Type Committee Name

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28726.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	35945.37									
(c) Total Receipts (from Line 19) .....	5217.07	42153.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41162.44	70879.94								
7. Total Disbursements (from Line 31) .....	19272.00	48989.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21890.44	21890.44								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4231.81	22170.03
(ii) Unitemized .....	978.29	19657.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5210.10	41827.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5210.10	41827.67
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	6.97	76.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5217.07	42153.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5217.07	42153.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	9000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	16272.00	39989.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19272.00	48989.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19272.00	48989.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5210.10	41827.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5210.10	41827.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RHONDA J ALEXANDER	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 5630 HIGHLAND LAKE DR	Transaction ID: SA11AI.20657
	City Milton State FL Zip Code 32583	Amount of Each Receipt this Period 22.68
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer GULF POWER COMPANY Occupation NUCLEAR DEVELOPMENT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 203.46	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM W AYCOCK	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address PANAMA CITY DIST OFFICE	Transaction ID: SA11AI.20660
	City PANAMA CITY State FL Zip Code 32405	Amount of Each Receipt this Period 48.48
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer GULF POWER COMPANY Occupation ENGINEERING & CONSTRUCTION MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 435.65	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD E BROCK	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 314 AEGEAN DRIVE	Transaction ID: SA11AI.20669
	City MILTON State FL Zip Code 32583-3300	Amount of Each Receipt this Period 26.83
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer GULF POWER Occupation FIN ANALYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 241.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	97.99
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Browne	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address One Energy Place	<b>Transaction ID:</b> SA11AI.20670
	City State Zip Code Pensacola FL 32520	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation Gulf Power Company	Aggregate Year-to-Date 405.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM GOLAN BUCK	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 2356 Queens Ferry Ln	<b>Transaction ID:</b> SA11AI.20671
	City State Zip Code Cantonment FL 32533	Amount of Each Receipt this Period 37.15
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER Financial Planning Supv	Aggregate Year-to-Date 333.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES D BURRIS	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 6024 CURTIS RD	<b>Transaction ID:</b> SA11AI.20673
	City State Zip Code PACE FL 32571-9790	Amount of Each Receipt this Period 44.89
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER SUPERVISOR	Aggregate Year-to-Date 403.39
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	127.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN W CARRELL	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 6216 KIRSTEN DR	<b>Transaction ID:</b> SA11AI.20674
	City State Zip Code PENSACOLA FL 32504	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER ENERGY CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES L CARTER	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 1436 PLAYERS CLUB CIRCLE	<b>Transaction ID:</b> SA11AI.20676
	City State Zip Code GULF BREEZE FL 32563-3522	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN R CARTER	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address ONE ENERGY PLACE	<b>Transaction ID:</b> SA11AI.20677
	City State Zip Code PENSACOLA FL 32520	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER COMPANY SYSTEM PROTECTION MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KATHY C CHAFFIN	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 5304 STAFFORD CIRCLE	<b>Transaction ID:</b> SA11AI.20678
	City State Zip Code PACE FL 32571-8637	Amount of Each Receipt this Period 89.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER HR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.83	

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL CHILDS	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 877 W 9 1/2 MILE ROAD	<b>Transaction ID:</b> SA11AI.20805
	City State Zip Code PENSACOLA FL 32534	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation SOUTHERN COMPANY SERVICES BUSINESS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy Clark	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address One Energy Place	<b>Transaction ID:</b> SA11AI.20679
	City State Zip Code Pensacola FL 32520	Amount of Each Receipt this Period 38.66
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation Gulf Power Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>152.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEITH J CUEVAS	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2865 GREYSTONE DR	<b>Transaction ID:</b> SA11AI.20683
	City State Zip Code PACE FL 32571	Amount of Each Receipt this Period 85.44
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER COMPANY PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.97	

<b>B.</b>	Full Name (Last, First, Middle Initial) AMY LYNN DANIEL	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4304 GRANDPOINTE PLACE	<b>Transaction ID:</b> SA11AI.20684
	City State Zip Code PENSACOLA FL 32514-7840	Amount of Each Receipt this Period 47.13
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER ACCT ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT P DOBSON	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 248 BOB SKIE RD	<b>Transaction ID:</b> SA11AI.20687
	City State Zip Code DEFUNIAK SPRINGS FL 32435	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>167.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CONNIE L ERICKSON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 3509 EDINBURGH DR	<b>Transaction ID:</b> SA11AI.20692
	City PACE State FL Zip Code 32571	Amount of Each Receipt this Period 118.82
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer GULF POWER COMPANY Occupation COMPTROLLER-ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1067.05	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sybelle M Fitzgerald	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 2266 Stallion Road	<b>Transaction ID:</b> SA11AI.20693
	City Cantonment State FL Zip Code 32533	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Gulf Power Occupation Engineer SR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN FLOYD	Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010
	Mailing Address 105 HIGHPOINT DR	<b>Transaction ID:</b> SA11AI.20694
	City GULF BREEZE State FL Zip Code 32561	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer GULF POWER Occupation ECONOMIC EVAL TEAM LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	178.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 591 E ROMANA ST

City PENSACOLA State FL Zip Code 32502

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

Name of Employer GULF POWER Occupation TALENT MANAGER COORDINATOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 13 / 2010  
**Transaction ID:** SA11AI.20850  
 Amount of Each Receipt this Period: 25.00  
 Monthly Payroll Deduction

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

Mailing Address 154 HOMEWOOD DR

City FT WALTON BEACH State FL Zip Code 32548-6339

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

Name of Employer GULF POWER Occupation SUPERVISOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 402.84

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.20701  
 Amount of Each Receipt this Period: 44.90  
 Monthly Payroll Deduction

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

Mailing Address 2866 H HARRISON AVE

City PANAMA CITY State FL Zip Code 32405

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

Name of Employer GULF POWER Occupation GROUP LEADER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 413.93

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.20703  
 Amount of Each Receipt this Period: 46.05  
 Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JACK C HIERHOLZER		Date of Receipt	
	Mailing Address 2727 KELSO RD		M M / D D / Y Y Y Y 09 / 13 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20851
	PENSACOLA	FL	32514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		35.71	
Name of Employer GULF POWER COMPANY		Occupation		Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		319.71		

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN L HUTCHINSON		Date of Receipt	
	Mailing Address 4750 BAYWIND DR		M M / D D / Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20708
	PENSACOLA	FL	32514-7814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer GULF POWER		Occupation MANAGER		Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT W JACKSON		Date of Receipt	
	Mailing Address 2823 WAVA AVENUE		M M / D D / Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20709
	NICEVILLE	FL	32578-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer GULF POWER		Occupation ENERGY CONSULTANT		Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 1322 Quiet Cove Ct

City State Zip Code  
Gulf Breeze FL 32563

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

Name of Employer Occupation  
GULF POWER VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1774.59

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** SA11AI.20847

Amount of Each Receipt this Period  
198.67

Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
CLIFF J KRUT

Mailing Address 3997 BUTTONBUSH DR

City State Zip Code  
MILTON FL 32583

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

Name of Employer Occupation  
GULF POWER COMPANY ECONOMIC DEVELOPMENT REP I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.20

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** SA11AI.20714

Amount of Each Receipt this Period  
34.56

Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
JAMES L KUBIK

Mailing Address 1167 SAWGRASS DR

City State Zip Code  
GULF BREEZE FL 32561

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

Name of Employer Occupation  
GULF POWER MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** SA11AI.20715

Amount of Each Receipt this Period  
25.00

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **258.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT G LIVINGSTON	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 2470 PALE TIGER CT	<b>Transaction ID:</b> SA11AI.20721
	City State Zip Code TALLAHASSEE FL 32308-7015	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER MANGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JIMMY F MANNING	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 3265 COPPER RIDGE CIRCLE	<b>Transaction ID:</b> SA11AI.20725
	City State Zip Code CANTONMENT FL 32533-6509	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD M MARKEY	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 2109 ST ANDREWS DR	<b>Transaction ID:</b> SA11AI.20727
	City State Zip Code CANTONMENT FL 32533	Amount of Each Receipt this Period 46.19
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GULF POWER GEOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**THEODORE JAMES MCCULLOUGH**

Mailing Address **2675 MANOR CIRCLE**

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

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

Name of Employer **GULF POWER COMPANY** Occupation **VICE PRESIDENT & SPO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1472.44**

Date of Receipt **09 / 27 / 2010**

**Transaction ID: SA11AI.20807**

Amount of Each Receipt this Period **174.70**

Monthly Payroll Deduction

**B.**

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

Mailing Address **2391 INVERNESS DR**

City **PENSACOLA** State **FL** Zip Code **32503-5049**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.21**

Date of Receipt **09 / 27 / 2010**

**Transaction ID: SA11AI.20731**

Amount of Each Receipt this Period **51.69**

Monthly Payroll Deduction

**C.**

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

Mailing Address **5655 BEALE FORD RD  
LOT 75**

City **MILTON** State **FL** Zip Code **32571-9502**

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

Name of Employer **GULF POWER** Occupation **SUPERVISOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.43**

Date of Receipt **09 / 27 / 2010**

**Transaction ID: SA11AI.20732**

Amount of Each Receipt this Period **22.34**

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **248.73**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KAREN L MCLENDON	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 6649 GREENWELL ST	<b>Transaction ID:</b> SA11AI.20737
	City State Zip Code PENSACOLA FL 32526	Amount of Each Receipt this Period 27.49
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER COMPANY TRAINING ANALYST I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.46	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHEN D MILLER	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1301 MASSACHUSETTS	<b>Transaction ID:</b> SA11AI.20740
	City State Zip Code LYNN HAVEN FL 32444	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT SCOTT MOORE	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address One Energy Place	<b>Transaction ID:</b> SA11AI.20747
	City State Zip Code Pensacola FL 32020	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation Gulf Power Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	132.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARGARET D NEYMAN	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 102 HIGHPOINT DR	<b>Transaction ID:</b> SA11AI.20751
	City State Zip Code GULF BREEZE FL 32561-4016	Amount of Each Receipt this Period 101.86
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation GULF POWER MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 914.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Nielens	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address One Energy Place	<b>Transaction ID:</b> SA11AI.20753
	City State Zip Code Pensacola FL 32520	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gordon A Paulus	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1160 Great Oaks Court	<b>Transaction ID:</b> SA11AI.20756
	City State Zip Code Gulf Breeze FL 32563	Amount of Each Receipt this Period 28.46
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
	Name of Employer Occupation Gulf Power Communications specialist I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CARL A PUNYKO	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4154 N CAMBRIDGE WAY	<b>Transaction ID:</b> SA11AI.20760
	City State Zip Code PACE FL 32571	Amount of Each Receipt this Period 111.46
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
Name of Employer GULF POWER	Occupation COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 998.85	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBIN A PUNYKO	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4154 N CAMBRIDGE WAY	<b>Transaction ID:</b> SA11AI.20761
	City State Zip Code PACE FL 32571	Amount of Each Receipt this Period 30.63
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
Name of Employer GULF POWER	Occupation ENERGY CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.66	

<b>C.</b>	Full Name (Last, First, Middle Initial) SUSAN DANIEL RITENOUR	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 4241 BRIGHTON DR	<b>Transaction ID:</b> SA11AI.20766
	City State Zip Code PENSACOLA FL 32504-4928	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Monthly Payroll Deduction
Name of Employer GULF POWER	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>192.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 836 PLANTATION WAY

City State Zip Code  
PANAMA CITY FL 32404

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

Name of Employer Occupation  
GULF POWER MARKET SEGMENT SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20769

Amount of Each Receipt this Period  
29.46

Monthly Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
GARY M SAMMONS

Mailing Address 3915 MONTEIGNE DR

City State Zip Code  
PENSACOLA FL 32504

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

Name of Employer Occupation  
GULF POWER MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20770

Amount of Each Receipt this Period  
50.00

Monthly Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
SHARDRA DENITRA SCOTT

Mailing Address 3412 ESPLANADE DR

City State Zip Code  
PENSACOLA FL 32506

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

Name of Employer Occupation  
GULF POWER COMPANY ASSISTANT TO PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20774

Amount of Each Receipt this Period  
25.00

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 104.46

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

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

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

FOR LINE NUMBER: PAGE 21 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SANDRA F SIMS

Mailing Address 4018 BOND CIR

City NICEVILLE State FL Zip Code 32578

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

Name of Employer GULF POWER Occupation ASSISTANT TO VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 894.48

Date of Receipt 09 / 27 / 2010  
Transaction ID: SA11AI.20778  
Amount of Each Receipt this Period 99.55  
Monthly Payroll Deduction

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

Mailing Address 74 NORWICH CIR

City NICEVILLE State FL Zip Code 32578

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

Name of Employer GULF POWER Occupation SALES REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2010  
Transaction ID: SA11AI.20779  
Amount of Each Receipt this Period 25.00  
Monthly Payroll Deduction

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

Mailing Address 711 DRIFTWOOD DR

City LYNN HAVEN State FL Zip Code 32444

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2010  
Transaction ID: SA11AI.20781  
Amount of Each Receipt this Period 50.00  
Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 174.55

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 714 PEAKE'S POINT DR

City State Zip Code  
GULF BREEZE FL 32561

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

Name of Employer Occupation  
GULF POWER PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20784

Amount of Each Receipt this Period  
300.00

Monthly Payroll Deduction

**B.**

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

Mailing Address 714 PEAKE'S POINT DR

City State Zip Code  
GULF BREEZE FL 32561

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

Name of Employer Occupation  
GULF POWER PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20843

Amount of Each Receipt this Period  
1000.00

one-time contribution

**C.**

Full Name (Last, First, Middle Initial)  
Lloyd Swilley

Mailing Address One Energy Place

City State Zip Code  
Pensacola FL 32520

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.20789

Amount of Each Receipt this Period  
25.00

Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1325.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 9364 VANDIVERE DR

City NAVARRE State FL Zip Code 32566-2930

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

Name of Employer GULF POWER Occupation MANAGER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.01

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.20791  
 Amount of Each Receipt this Period: 52.86  
 Monthly Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
BENTINA C TERRY

Mailing Address 4700 BOHEMIA DR

City PENSACOLA State FL Zip Code 32504

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

Name of Employer GULF POWER COMPANY Occupation EXTERNAL AFFAIRS & CORP SVCS VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1766.52

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.20792  
 Amount of Each Receipt this Period: 197.02  
 Monthly Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
KENNETH M TRUMP

Mailing Address 6887 YORKWOOD ST

City NAVARRE State FL Zip Code 32566

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

Name of Employer GULF POWER Occupation SUPERVISOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.92

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.20794  
 Amount of Each Receipt this Period: 44.88  
 Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 294.76

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES O VICK		Date of Receipt
	Mailing Address 1189 GULF BREEZE PKWY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	GULF BREEZE	FL	32561-4857
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20797
Name of Employer GULF POWER		Occupation MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00
			Monthly Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) JAY B WESTON		Date of Receipt
	Mailing Address 5355 STAFFORD CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	PACE	FL	32571-8638
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20800
Name of Employer GULF POWER		Occupation GROUP LEADER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.76	<input type="text"/> 45.64
			Monthly Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) CALVIN W WILSON, II		Date of Receipt
	Mailing Address 3854 SABERTOOTH CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	GULF BREEZE	FL	32561-3520
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20801
Name of Employer GULF POWER		Occupation MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 436.82	<input type="text"/> 48.61
			Monthly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 144.25
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 37	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JARL T YOUNG		Date of Receipt																					
	Mailing Address 2342 ARRIVISTE WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	7		2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20809																				
	PENSACOLA	FL	32504	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="50.00"/>																					
Name of Employer GULF POWER		Occupation CIO	Monthly Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4231.81"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) ALLEN BOYD <hr/> Mailing Address P O BOX 15703 <hr/> City TALLAHASSEE State FL Zip Code 32317 <hr/> Purpose of Disbursement US House/Dist 2 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/Type	Transaction ID: SB23.20839 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	<b>B.</b> Full Name (Last, First, Middle Initial) JEFFERSON B. MILLER <hr/> Mailing Address P. O. Box 126 <hr/> City Pensacola State FL Zip Code 32591 <hr/> Purpose of Disbursement US House/Dist 1 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/Type

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

3000.00

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Bileca <hr/> Mailing Address 6720 SW 145th St <hr/> City Miami State FL Zip Code 33158 <hr/> Purpose of Disbursement FL House/Dist 117 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ELLYN BOGDANOFF <hr/> Mailing Address PO BOX 460058 <hr/> City FT LAUDERDALE State FL Zip Code 33346 <hr/> Purpose of Disbursement FL Senate/ Dist 25 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 91 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Pam Bondi <hr/> Mailing Address 610 South Blvd <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement FL Atty Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 13 / 2010	Amount of Each Disbursement this Period 500.00

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

1250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE BOYD <hr/> Mailing Address PO Box 95 <hr/> City NEWBERRY State FL Zip Code 32669 <hr/> Purpose of Disbursement FL House/Dist 11 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.20825 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Doug Broxson <hr/> Mailing Address 4181 Madura Rd <hr/> City Gulf Breeze State FL Zip Code 32567 <hr/> Purpose of Disbursement FLHouse/Dist 1 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.20866 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) DEAN CANNON <hr/> Mailing Address P.O. BOX 3068 <hr/> City ORLANDO State FL Zip Code 32802 <hr/> Purpose of Disbursement FL House/Dist 35 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 35 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.20818 Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

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

1250.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ANITERE FLORES	Transaction ID: SB29.20824 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1421-1 SW 107th Ave #134	Amount of Each Disbursement this Period 500.00
	City Miami State FL Zip Code 33174	
	Purpose of Disbursement FL Senate/Dist 38	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 38	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CLAY V FORD	Transaction ID: SB29.20814 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 13484	Amount of Each Disbursement this Period 500.00
	City Pensacola State FL Zip Code 32591	
	Purpose of Disbursement FL House/Dist 3	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DOUG HOLDER	Transaction ID: SB29.20831 Date of Disbursement 09 / 10 / 2010
	Mailing Address 7964 MEADOW RUSH LOOP	Amount of Each Disbursement this Period 250.00
	City SARASOTA State FL Zip Code 34238	
	Purpose of Disbursement FL House/Dist 70	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 70	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MIKE HORNER</b>	<b>Transaction ID:</b> SB29.20835 Date of Disbursement 09 / 17 / 2010	
	Mailing Address <b>POST OFFICE BOX 450008</b>		
	City <b>KISSIMMEE</b> State <b>FL</b> Zip Code <b>34745</b>	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement FL House/Dist 79		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 79		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>House Majority 2010 FL Republican Party</b>	<b>Transaction ID:</b> SB29.20860 Date of Disbursement 09 / 20 / 2010	
	Mailing Address <b>410 E Jefferson St</b>		
	City <b>TALLAHASSEE</b> State <b>FL</b> Zip Code <b>32301</b>	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement Special Event		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HOUSE VICTORY 2010 FL DEMOCRATIC PARTY</b>	<b>Transaction ID:</b> SB29.20855 Date of Disbursement 09 / 15 / 2010	
	Mailing Address <b>200 W COLLEGE AVE STE 210</b>		
	City <b>TALLAHASSEE</b> State <b>FL</b> Zip Code <b>32301</b>	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Special Event		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) MATT HUDSON	Transaction ID: SB29.20833 Date of Disbursement 09 / 15 / 2010
	Mailing Address 321 13TH ST SW	Amount of Each Disbursement this Period 250.00
	City NAPLES State FL Zip Code 34119	
	Purpose of Disbursement FL House/Dist 101	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District:	

B.	Full Name (Last, First, Middle Initial) Clay Ingram	Transaction ID: SB29.20867 Date of Disbursement 09 / 13 / 2010
	Mailing Address 10381 Vintage Dr	Amount of Each Disbursement this Period 250.00
	City Pensacola State FL Zip Code 32514	
	Purpose of Disbursement FL House/Dist 2	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 02	

C.	Full Name (Last, First, Middle Initial) Jack Latvala	Transaction ID: SB29.20822 Date of Disbursement 09 / 15 / 2010
	Mailing Address 610 South Blvd	Amount of Each Disbursement this Period 250.00
	City Tampa State FL Zip Code 33606	
	Purpose of Disbursement FL Senate/Dist 16	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bill Montford	Transaction ID: SB29.20871 Date of Disbursement
	Mailing Address 2500 Debden Dr	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32309	Amount of Each Disbursement this Period
	Purpose of Disbursement FL Senate/Dist 6	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRYAN NELSON	Transaction ID: SB29.20827 Date of Disbursement
	Mailing Address 1157 OAKPOINT CIRCLE	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City APOPKA State FL Zip Code 32703	Amount of Each Disbursement this Period
	Purpose of Disbursement FL House/Dist 38	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 38	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JIMMY PATRONIS	Transaction ID: SB29.20815 Date of Disbursement
	Mailing Address 8717 N LAGOON DR	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City PANAMA CITY State FL Zip Code 32408	Amount of Each Disbursement this Period
	Purpose of Disbursement FL House/Dist 6	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ron Saunders <hr/> Mailing Address PO Drawr 2909 <hr/> City Key West State FL Zip Code 33045 <hr/> Purpose of Disbursement FL House/Dist 120 Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	Transaction ID: SB29.20834 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT SCHENCK <hr/> Mailing Address 2096 Gold Rd <hr/> City Spring Hill State FL Zip Code 34609 <hr/> Purpose of Disbursement FL House/Dist 44 Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 44	Transaction ID: SB29.20829 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Rick Scott <hr/> Mailing Address 1400 Gulf Shore Blvd, N Ste 148 <hr/> City Naples State FL Zip Code 34102 <hr/> Purpose of Disbursement FL Governor Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	Transaction ID: SB29.20870 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 500.00

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

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Thrasher  Mailing Address 4600 A1A South 109 Premier Vista Way  City St Augustine State FL Zip Code 32080  Purpose of Disbursement FL Senate/Dist 8  Candidate Name  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM WEATHERFORD  Mailing Address 1646 PARKER POINT  City ODESSA State FL Zip Code 33556  Purpose of Disbursement FL House/Dist 61  Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 61  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) RITCH WORKMAN  Mailing Address 6450 ANDERSON WAY  City MELBOURNE State FL Zip Code 32940  Purpose of Disbursement FL House/Dist 30  Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 30  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.20826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>1250.00</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF POWER COMPANY EMPLOYEES INC

A.

Full Name (Last, First, Middle Initial)

Dana Young

Mailing Address 1807 W Richardson Pl

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
FL House/Dist 57

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.20830

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

250.00

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

250.00

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

16250.00