

**48 HOURS NOTICE OF
CONTRIBUTIONS/LOANS RECEIVED**
(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

Westmoreland for Congress

ADDRESS (number and street)

P.O. Box 458

CITY, STATE, and ZIP CODE

Sharpsburg

GA

30277-

2. NAME OF CANDIDATE

Lynn A. Westmoreland

Any information reported here must be reported on the same or assigned to be so reported by any person for the purpose of identifying contributions to
for committees, campaign or for financing the name and address of any political committee is required and it is to be taken from each committee

4. FEC IDENTIFICATION NUMBER
C00387128

SIGNATURE(Optional)

DATE
07/06/2004

For further information contact:
Federal Election Commission
899 E Street, NW, Washington, DC 20483
Toll Free 800-424-9630. Local 202-684-1100

FEC FORM 6
(Revised 1/2001)

FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS
 (continuation page)

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

Name of Individual, Organization, or Corporation

<p>Full Name, Address, and ZIP Code Friends of Mark Burkhalter 9650 Ventana Way Suite 201 Alpharetta GA 30022-</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/06/2004</p>	<p>Amount Received this Period 1000.00</p>
<p>Full Name, Address, and ZIP Code Susan Holmes 692 College St. Monticello GA 31064-</p>	<p>Name of Employer City of Monticello Occupation Mayor</p>	<p>Date (month, day, year) 07/06/2004</p>	<p>Amount Received this Period 1000.00</p>
<p>Full Name, Address, and ZIP Code H.W. Pearce P.O. Box 2049 Kennesaw GA 30156-</p>	<p>Name of Employer Creamer - Pearce LLC Occupation General Contractor</p>	<p>Date (month, day, year) 07/06/2004</p>	<p>Amount Received this Period 1000.00</p>
<p>Full Name, Address, and ZIP Code Tenet Healthcare PAC 3620 State Street Santa Barbara CA 93105-</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/06/2004</p>	<p>Amount Received this Period 1000.00</p>

TOTAL THIS PERIOD (last page only)

4000.00