

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SAXON FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 0.00 | 127907.71 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 400.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 127507.71 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 2339.07 | 144608.12 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 2339.07 | 144608.12 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 5496.08 | |
| 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)..... | 12000.00 | |

For further information contact:

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

SAXON FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election) | M | M | 1 | 1 | D | D | 0 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period) | M | M | 1 | 1 | D | D | 0 | 5 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | M | M | 1 | 2 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 0 | 8 |
|--|--|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. CONTRIBUTIONS (other than loans) FROM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Individuals/Persons Other than Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) Itemized (Use Schedule A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 94618.94 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) Unitemized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 22272.14 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Total of contributions from individuals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 116891.08 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Political Party Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 3500.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Other Political Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | 7500.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate | | |
| 0.00 | 16.63 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 0.00 | 127907.71 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 12000.00 | 0.00 |
| (b). All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 12000.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 0.00 | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| 170.11 | 0.00 | 170.11 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 170.11 | 139907.71 | 170.11 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

SAXON FOR CONGRESS

Report the covering period

From:

MM 11

DD 25

YYYY 2008

To:

MM 12

DD 31

YYYY 2008

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES | | |
| 2339.07 | 144608.12 | 4619.43 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 400.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|------|--------|------|
| 0.00 | 400.00 | 0.00 |
|------|--------|------|

21. OTHER DISBURSEMENTS

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|---------|-----------|---------|
| 2339.07 | 145008.12 | 4619.43 |
|---------|-----------|---------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|------|-----------|------|
| 0.00 | 127507.71 | 0.00 |
|------|-----------|------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|---------|-----------|---------|
| 2339.07 | 144608.12 | 4619.43 |
|---------|-----------|---------|

V. CASH SUMMARY

| | |
|--|---------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 7665.04 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 170.11 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 7835.15 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 2339.07 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 5496.08 |

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 |

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)
SAXON FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Check #2173</p> <p>Mailing Address</p> <p>City State Zip Code GA</p> <p>Purpose of Disbursement</p> <p>Candidate Name SAXON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5457 Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Check #2175</p> <p>Mailing Address</p> <p>City State Zip Code GA</p> <p>Purpose of Disbursement</p> <p>Candidate Name SAXON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5459 Date of Disbursement 12 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Check #2176</p> <p>Mailing Address</p> <p>City State Zip Code GA</p> <p>Purpose of Disbursement</p> <p>Candidate Name SAXON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5461 Date of Disbursement 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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)
SAXON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Check 2177

Mailing Address

City State Zip Code
GA

Purpose of Disbursement

Candidate Name
SAXON FOR CONGRESS

Office Sought: House
 Senate
 President
State: GA District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.5463
Date of Disbursement

1 2 / 0 2 / 2 0 0 8

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)

1900.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
SAXON FOR CONGRESS

Transaction ID: SC/10.4293

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) BOBBY SAXON - [PERSONAL FUNDS] | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 5905 WATERWORKS RD | |
| City NICHOLSON State GA ZIP Code 30565 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 12000.00 | 0.00 | 12000.00 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 07 D D 30 Y Y Y Y 2007 | 12/1/08 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| Full Name (Last, First, Middle Initial) BOBBY SAXON | Name of Employer SELF |
| Mailing Address 5905 WATERWORKS RD | Occupation IT PROFESSIONAL |
| City NICHOLSON State GA ZIP Code 30565 | Amount Guaranteed Outstanding: 12000.00 |
| 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) | ▶ | 12000.00 |
| TOTALS This Period (last page in this line only) | ▶ | 12000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.