



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From:    To:

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 56309.00                | 809147.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 56309.00                | 809147.00                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 141091.27               | 594145.92                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 3643.08                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 141091.27               | 590502.84                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 327552.36               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

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

Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From:    To:

**I. RECEIPTS**

| COLUMN A<br>Total this Period  | COLUMN B<br>Election Cycle Total as of  | COLUMN C<br>Total for  |
|--|---|--|
| 11. CONTRIBUTIONS<br>(other than loans) FROM:<br>(a) Individuals/Persons Other than<br>Political Committees<br>(i) Itemized (Use Schedule A)<br><input type="text" value="21900.00"/><br>(ii) Unitemized<br><input type="text" value="3309.00"/><br>(iii) Total of contributions from individuals<br><input type="text" value="25209.00"/> | <input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/><br>(date of general election) | <input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/><br>(date after general election)<br><br>through<br><input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/><br>(last day of reporting period) |
| <input type="text" value="0.00"/>  | <input type="text" value="1000.00"/>  | <input type="text" value="0.00"/>  |
| <input type="text" value="31100.00"/>  | <input type="text" value="454800.00"/>  | <input type="text" value="0.00"/>  |
| <input type="text" value="25209.00"/>  | <input type="text" value="353347.00"/>  | <input type="text" value="-1000.00"/>  |
| (b) Political Party Committees   |   |  |

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

| <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general Election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>Through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|--|--|
| (d) The Candidate<br><br>0.00   | 0.00   | 0.00   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))<br><br>56309.00 | 809147.00  | -1000.00   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES<br><br>0.00  | 0.00   | 0.00   |
| 13. LOANS:<br>(a) Made or Guaranteed by the Candidate<br><br>0.00                                   | 0.00   | 0.00   |
| (b). All Other Loans<br><br>0.00  | 0.00   | 0.00   |
| (c). TOTAL LOANS (add Lines 13(a) and (b))<br><br>0.00  | 0.00   | 0.00   |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)<br><br>0.00                           | 3643.08  | 0.00   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc)<br><br>0.00   | 8994.84  | 0.00   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)<br><br>56309.00                                | 821784.92  | -1000.00   |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Write or Type Committe Name

Sanford D. Bishop, Jr. for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

| COLUMN A<br>Total this period                           | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|---|---|--|
| <b>17. OPERATING EXPENDITURES</b>                       |   |  |
| 141091.27   | 594145.92   | 20575.52   |
| <b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>      |   |  |
| 0.00  | 0.00  | 0.00   |
| <b>19. LOAN PAYMENTS</b>                                |   |  |
| (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   |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                 |   |  |
| (a) Individuals/Persons Other Than Political Committees |   |  |
| 0.00  | 0.00  | 0.00   |
| (b) Political Party Committees                          |   |  |
| 0.00  | 0.00  | 0.00   |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

| COLUMN A<br>Total this period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | Total for *<br>Through * | COLUMN C<br>(date after general election)<br>(last day of reporting period)<br>(* 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 | 0.00 | 0.00 |
|------|------|------|

21. OTHER DISBURSEMENTS

|          |           |      |
|----------|-----------|------|
| 12250.00 | 131200.00 | 0.00 |
|----------|-----------|------|

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

|           |           |          |
|-----------|-----------|----------|
| 153341.27 | 725345.92 | 20575.52 |
|-----------|-----------|----------|

**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))

|          |           |          |
|----------|-----------|----------|
| 56309.00 | 809147.00 | -1000.00 |
|----------|-----------|----------|

**IV. NET OPERATING EXPENDITURES**

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

|           |           |          |
|-----------|-----------|----------|
| 141091.27 | 590502.84 | 20575.52 |
|-----------|-----------|----------|

**V. CASH SUMMARY**

|  |           |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....                             | 424584.63 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....                              | 56309.00  |
| 25. SUBTOTAL(add Line 23 and Line 24) .....  | 480893.63 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....                         | 153341.27 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 327552.36 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 51                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Nathaniel Abrams

Mailing Address 1412 Orange St.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
SWSH pharmacist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7789

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Atty. Gail Altman

Mailing Address 202 N. Crawford St.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
Altman & Lane atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7813

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Shirley Altman

Mailing Address 25 Hunters Glen

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
retired retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7790

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 51                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Daniel Amos

Mailing Address P. O. Box 5566

City State Zip Code  
Columbus GA 31906

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

Name of Employer Occupation  
AFLAC CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2006

Transaction ID: 61106.C7741

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Ken Beverly

Mailing Address P. O. Box 76

City State Zip Code  
Ochlocknee GA 31773

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

Name of Employer Occupation  
Archbold Medical Center president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7792

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Dewey Brock

Mailing Address 3847 Vada Rd.

City State Zip Code  
Bainbridge GA 39817

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

Name of Employer Occupation  
Sowega Ice, LLP entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7821

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 51                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Stanley Brock

Mailing Address 3847 Vada Rd.

City State Zip Code  
Bainbridge GA 39817

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

Name of Employer Occupation  
Sowega Ice, LLP entrepreneur

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: 61202.C7822

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Stanley Brock

Mailing Address 3847 Vada Rd.

City State Zip Code  
Bainbridge GA 39817

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

Name of Employer Occupation  
Sowega Ice, LLP entrepreneur

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7820

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Roy Campbell

Mailing Address P. O. Box 29

City State Zip Code  
Thomasville GA 31799

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

Name of Employer Occupation  
Roy Campbell Chevrolet ceo

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7814

Amount of Each Receipt this Period  
200.00

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

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>950.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |     |                                   |              |
|--|-----|-----------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 10 / 51 |
| <input checked="" type="checkbox"/>                                    | 11a | <input type="checkbox"/>          | 11b          |
| <input type="checkbox"/>   | 12  | <input type="checkbox"/>          | 13a          |
| <input type="checkbox"/>   |     | <input type="checkbox"/>          | 11c          |
| <input type="checkbox"/>   |     | <input type="checkbox"/>          | 13b          |
| <input type="checkbox"/>   |     | <input type="checkbox"/>          | 11d          |
| <input type="checkbox"/>   |     | <input type="checkbox"/>          | 14           |
| <input type="checkbox"/>   |     | <input type="checkbox"/>          | 15           |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. J. Donnell Carley

Mailing Address 230 1st Ave

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
MU-Deer Child Care Center Adm Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7795

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Matthew Conyers

Mailing Address 124 Crestwood Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
retired retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7796

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Coretha Cook

Mailing Address P. O. Box 5

City State Zip Code  
Cuthbert GA 31740

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

Name of Employer Occupation  
Clay Cnty Bd of Ed educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

Transaction ID: 61202.C7755

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MR. Henry Cook<br>Mailing Address P. O. Box 5<br>City State Zip Code<br>Cuthbert GA 31740<br>FEC ID number of contributing federal political committee. <b>C</b>            |   | Date of Receipt<br><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>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61202.C7756<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 | 1000.00 |
| M  | M | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 1 | /  | 0       | 6 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| Name of Employer self-employed Occupation contractor<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <table border="1"> <tr> <td>3500.00</td> </tr> </table>  | 3500.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 3500.00  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MR. Darrell Crapps<br>Mailing Address 11702 Brookeville Landing Ct.<br>City State Zip Code<br>Bowie MD 20721<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br><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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61106.C7738<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 6 | 1000.00 |
| M  | M | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 1 | /  | 0       | 4 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| Name of Employer Dimensions Int'l Occupation vice president<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |   | <table border="1"> <tr> <td>2000.00</td> </tr> </table>  | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2000.00  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|  |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|--|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MR. Walker Davis<br>Mailing Address 3712 Hidden Hill Ct.<br>City State Zip Code<br>Albany GA 31721<br>FEC ID number of contributing federal political committee. <b>C</b>       |   | Date of Receipt<br><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>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61202.C7837<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>-1000.00</td> </tr> </table> Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M        | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 6 | -1000.00 |
| M  | M | /   | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| 1  | 1 | /   | 0        | 9 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| -1000.00   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Name of Employer Albany Home Patient Care Occupation ceo<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <table border="1"> <tr> <td>-1000.00</td> </tr> </table>  | -1000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| -1000.00   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 / 51  |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b      | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Rudolph Elzy

Mailing Address 148 Augusta Ave.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
retired retired

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7798

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Sabrina Everett

Mailing Address 124 Tall Pines Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
Thomasville Bd of Ed superintendent

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7799

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Atty. Howell Ferguson

Mailing Address 4645 Lower Cairo Rd.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
Lykes Brothers atty

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7800

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Doby Flowers

Mailing Address 8398 Veterans Memorial Dr.

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
retired retired

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7801

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. R. E. Frieson

Mailing Address 1 Cascade Pointe Dr. SW

City State Zip Code  
Atlanta GA 30331

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

Name of Employer Occupation  
BellSouth president

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C7740

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Wallace Goodman

Mailing Address 1251 US Hwy 319 S Cottage 1

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
Pebble Hill Foundation manager

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7803

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. James Hadley

Mailing Address 103 Crestwood Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
retired retired

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

250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7771

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Zeke Johnson

Mailing Address 503 Persimmon St.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
Johnson Institutional Ser- vice owner

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

250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7777

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. David Lewis

Mailing Address P. O. Box 643

City State Zip Code  
Thomasville GA 31799

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

Name of Employer Occupation  
Beyond Publishing Co. owner

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

500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61202.C7778

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Dwight McLeish

Mailing Address 4273 Oak Forest Dr.

City State Zip Code  
Valdosta GA 31602-0854

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

Name of Employer self-employed Occupation  
self-employed physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7780

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Martin McLendon

Mailing Address Rr 1 Box 21

City State Zip Code  
Leary GA 31762

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

Name of Employer self-employed Occupation  
self-employed farmer

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

4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61202.C7757

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
HON. Sam Nunn

Mailing Address 781 Marietta St. MW

City State Zip Code  
Atlanta GA 30318

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

Name of Employer self-employed Occupation  
self-employed consultant

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7807

Amount of Each Receipt this Period  
250.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. John Overley

Mailing Address 340 Channings Lake Dr.

City State Zip Code  
Lawrenceville GA 30043

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

Name of Employer Occupation  
retired retired

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

0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 61202.C7835

Amount of Each Receipt this Period  
-2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. C. B. Owens

Mailing Address 150 Smallwood Owens Rd.

City State Zip Code  
Attapulgus GA 39815

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

Name of Employer Occupation  
Clarence & Maxine Owens Founda ceo

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

**Transaction ID:** 61202.C7828

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Patricia Patterson

Mailing Address 110 Parkway Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Occupation  
self-employed physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61202.C7785

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-1450.00**

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
HON. Camille Payne

Mailing Address 102 E. Pastime Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer  
City of Thomasville

Occupation  
city councilor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61202.C7786

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Mary Polite

Mailing Address 235 Flint Ave

City State Zip Code  
Albany GA 31701

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

Name of Employer  
Polite Bonding Service

Occupation  
entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61202.C7809

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Cedric Shephard

Mailing Address 332 E Jackson St.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer  
self-employed

Occupation  
dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61202.C7815

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Nadine Shephard

Mailing Address 332 E Jackson St.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Shephard Dentist Occupation office manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7816

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Richard Singletary

Mailing Address 102 Chukkars Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer self-employed Occupation developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7787

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Richard Smith

Mailing Address 823 S. Scott St.

City State Zip Code  
Thomasville GA 39819

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

Name of Employer Lanes Pharmacy Occupation pharmacist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: 61202.C7830

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Atty. William Stone

Mailing Address P. O. Drawer 70

City State Zip Code  
Blakely GA 31723

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

Name of Employer self-employed Occupation  
self-employed atty

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61026.C7736

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rev. E. Virgil

Mailing Address P. O. Box 814

City State Zip Code  
Thomasville GA 31799

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

Name of Employer retired Occupation  
retired minister

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7766

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Robert Weaver

Mailing Address 5408 Newington Rd.

City State Zip Code  
Bethesda MD 20816

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

Name of Employer self-employed Occupation  
self-employed contractor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61202.C7758

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2850.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MS. Sherri Weiske

Mailing Address 105 Hadley Dr.

City State Zip Code  
Thomasville GA 31792

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

Name of Employer Skyline Graphics, Inc. Occupation printer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61202.C7764

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Earl Williams

Mailing Address P. O. Box 534

City State Zip Code  
Thomasville GA 31799

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61202.C7769

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Howard Willis

Mailing Address 7101 Stillwater Dr.

City State Zip Code  
Columbus GA 31904

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

Name of Employer self-employed Occupation physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61202.C7762

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 51                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gen. (Ret) Johnnie Wilson

Mailing Address P. O. Box 265

City State Zip Code  
Fort Belvoir VA 22060-2121

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

Name of Employer Dimensions Intl Occupation president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61025.C7728

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. June Wright

Mailing Address 1409 Millington Rd.

City State Zip Code  
Columbus GA 31904

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61025.C7729

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Russell Wright

Mailing Address 1700 Hollinwood Dr.

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Dimensions Intl Occupation chairman & ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61025.C7730

Amount of Each Receipt this Period  
2100.00

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

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5200.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>21900.00</b> |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 22 / 51 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|   |                                     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ADM Pac</b>  |                                     | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address Mr. Gregory Webb<br>P. O. Box 1470  |                                     | <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 6 |
| M   | M                                   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 1                                   | /  | 0 | 4 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City State Zip Code<br>Decatur IL 62525   |                                     | <b>Transaction ID:</b> 61106.C7742   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>2000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Employer PAC  | Occupation<br>pac                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |                                     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BellSouth FED-PAC</b>  |                                     | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address Mr. Ted Lawrence<br>1155 Pchtree St. NE Rm 7G08   |                                     | <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>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |
| M   | M                                   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 1                                   | /  | 0 | 6 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City State Zip Code<br>Atlanta GA 30309-3610  |                                     | <b>Transaction ID:</b> 61202.C7759   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Employer PAC  | Occupation<br>pac                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7500.00 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |                                     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CCA PAC</b>  |                                     | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mailing Address Mr. Jeremy Wiley<br>10 Burton Hills Blvd.   |                                     | <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 6 |
| M   | M                                   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 1                                   | /  | 0 | 4 | / | 2 | 0 | 0 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City State Zip Code<br>Nashville TN 37215   |                                     | <b>Transaction ID:</b> 61106.C7743   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Employer PAC  | Occupation<br>pac                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 23 / 51 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
COALPAC

Mailing Address Friends  
101 Constitution Ave. NW, Ste 500

City Washington State DC Zip Code 20001

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C7746

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dairy Educational PAC

Mailing Address Mr. Sam Stone  
10220 N. Ambassador Dr.

City Kansas City State MO Zip Code 64153

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C7752

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee

Mailing Address Mr. Olin Thompson  
8400 Westpark Dr.

City Mc Lean State VA Zip Code 22102

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61202.C7760

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5500.00**

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 24 / 51                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|   |  |  |  |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial)<br>Georgia Power Co. Federal PAC   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 2 6 / 2 0 0 6  |  |
| Mailing Address Mr. Scott Orr<br>241 Ralph McGill Blvd. NE  |  | Transaction ID: 61026.C7735  |  |
| City Atlanta State GA Zip Code 30308-3374   |  | Amount of Each Receipt this Period<br>2500.00  |  |
| FEC ID number of contributing federal political committee. C  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer PAC Occupation pac   |  |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>10000.00   |  |

|   |  |  |  |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial)<br>R. Carlton Powell   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 1 / 0 2 / 2 0 0 6  |  |
| Mailing Address P. O. Box 588   |  | Transaction ID: 61202.C7817  |  |
| City Thomasville State GA Zip Code 31792  |  | Amount of Each Receipt this Period<br>100.00   |  |
| FEC ID number of contributing federal political committee. C  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Thomas County Occupation sheriff   |  |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>100.00   |  |

|   |  |  |  |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial)<br>Laborers Political League   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6  |  |
| Mailing Address Mr. Terence OSullivan<br>905 16th St. NW  |  | Transaction ID: 61025.C7731  |  |
| City Washington State DC Zip Code 20006   |  | Amount of Each Receipt this Period<br>2500.00  |  |
| FEC ID number of contributing federal political committee. C  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer PAC Occupation pac   |  |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>7500.00  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 5100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 / 51                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MeadWestvaco PAC

Mailing Address Mr. T. A. Dobrozsi  
One High Ridge Park

City State Zip Code  
Stamford CT 06905

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 61025.C7733

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nationwide PAC

Mailing Address Mr. Jeffrey Rouch  
One Nationwide Plaza, 1-32-06

City State Zip Code  
Columbus OH 43215-2220

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 61202.C7763

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nat. Council Textile Org.

Mailing Address Ms. Kimberly L. Pettit  
P. O. Box 99

City State Zip Code  
Gastonia NC 28053

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 61025.C7732

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

|  |  |   |                              |                             |
|--|--|---|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 51</span> |   |                              |                             |
|  | (check only one)   |   |                              |                             |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b                                     | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a                                     | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
NCPA Pac

Mailing Address Mr. Gary Haulmark  
100 Daingerfield Rd.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61106.C7745

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NSSGA ROCKPAC

Mailing Address Ms. Jennifer Wilson  
1605 King St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 61025.C7734

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PFIZER PAC

Mailing Address Mr. Richard Passov  
235 East 42nd St.

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61106.C7751

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 27 / 51                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Synovus Financial PAC

Mailing Address Mrs. Rebecca Rumer  
P. O. Box 120

City Columbus State GA Zip Code 31902

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C7744

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
TELECOM PAC

Mailing Address Mr. Andrew Delia  
607 14th St. NW Ste 400

City Washington State DC Zip Code 20005

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C7747

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UAW V CAP

Mailing Address Mr. Charles Slaughter  
8000 East Jefferson Ave.

City Detroit State MI Zip Code 48214-3963

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 61026.C7737

Amount of Each Receipt this Period  
5000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 28 / 51                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
US Oncology, Inc PAC

Mailing Address Mr. Dan Cohen  
16825 Northchase Dr. Ste 1300

City State Zip Code  
Houston TX 77060

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61202.C7808

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Weyerhaeuser PAC

Mailing Address Ms. Heidi Brock  
P. O. Box 9777 - CH1M31

City State Zip Code  
Federal Way WA 98063

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61106.C7753

Amount of Each Receipt this Period  
1000.00

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

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 31100.00 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. 1040 Valdosta Daily</b>   |  | <b>Transaction ID: 61202.E4168</b><br>Date of Disbursement<br>11 / 18 / 2006         |
| Mailing Address 201 N Troupe St  |  | Amount of Each Disbursement this Period<br>910.11                                    |
| City Valdosta State GA Zip Code 31601-   | Purpose of Disbursement<br>ad<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>AD |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Albany Southwest Georgian</b>   |  | <b>Transaction ID: 61202.E4169</b><br>Date of Disbursement<br>11 / 15 / 2006         |
| Mailing Address P. O. Box 1943   |  | Amount of Each Disbursement this Period<br>2391.06                                   |
| City Albany State GA Zip Code 31702-   | Purpose of Disbursement<br>ad<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>AD |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Alltel</b>  |  | <b>Transaction ID: 61202.E4170</b><br>Date of Disbursement<br>11 / 17 / 2006                       |
| Mailing Address 2700 Dawson Rd. Ste. 10  |  | Amount of Each Disbursement this Period<br>653.72  |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement<br>cellular service<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>CELLULAR SERVICE |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3954.89</b> |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle, Inc.</b>   |  | Transaction ID: 61202.E4171<br>Date of Disbursement<br>11 / 06 / 2006  |  |
| Mailing Address 205 Penn Ave.  |  | Amount of Each Disbursement this Period<br>21.00   |  |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement<br>electronic processing fee<br>Candidate Name | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br><b>ELECTRONIC PROCESSING FEE</b> |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  | Category/Type<br>001   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BellSouth Telecommunications</b>  |  | Transaction ID: 61202.E4172<br>Date of Disbursement<br>11 / 17 / 2006  |  |
| Mailing Address P. O. Box 467624   |  | Amount of Each Disbursement this Period<br>872.46  |  |
| City Atlanta State GA Zip Code 31146-  | Purpose of Disbursement<br>telephone service<br>Candidate Name | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br><b>TELEPHONE SERVICE</b> |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  | Category/Type<br>001   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Danielle Blackwell</b>  |  | Transaction ID: 61202.E4173<br>Date of Disbursement<br>11 / 01 / 2006                                  |  |
| Mailing Address 1612 Fort Dupont St. SE  |  | Amount of Each Disbursement this Period<br>4534.23   |  |
| City Washington State DC Zip Code 20020-   | Purpose of Disbursement<br>payroll<br>Candidate Name | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br><b>PAYROLL</b> |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  | Category/Type<br>001   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5427.69 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| <b>A. BP Oil</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P. O. Box 9070<br>City Des Moines State IA Zip Code 50368-9070<br>Purpose of Disbursement gas<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 61202.E4174</b><br>Date of Disbursement<br>10 / 20 / 2006<br>Amount of Each Disbursement this Period<br>284.12<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>GAS</b> |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>B. Bush Signs</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P. O. Box 9328<br>City Montgomery State AL Zip Code 36108-<br>Purpose of Disbursement campaign materials<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 61202.E4177</b><br>Date of Disbursement<br>11 / 18 / 2006<br>Amount of Each Disbursement this Period<br>2016.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CAMPAIGN MATERIALS</b> |
|---|--|--|

|   |  |   |
|---|--|---|
| <b>C. Columbus Bank &amp; Trust Co</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P. O. Box 120<br>City Columbus State GA Zip Code 31902-<br>Purpose of Disbursement payroll taxes<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 61202.E4178</b><br>Date of Disbursement<br>11 / 15 / 2006<br>Amount of Each Disbursement this Period<br>4216.64<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>PAYROLL TAXES</b> |
|---|--|---|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>6516.76</b> |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Columbus Bank &amp; Trust Co</b>  |  | Transaction ID: 61202.E4179<br>Date of Disbursement<br>11 / 17 / 2006 |  |
| Mailing Address P. O. Box 120  |  | Amount of Each Disbursement this Period<br>13.00                      |  |
| City Columbus<br>State GA<br>Zip Code 31902-   | Purpose of Disbursement<br>returned ck fee<br>Candidate Name   | 001<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

RETURNED CK FEE

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chevron</b>   |  | Transaction ID: 61202.E4180<br>Date of Disbursement<br>10 / 20 / 2006 |  |
| Mailing Address P. O. Box 2001   |  | Amount of Each Disbursement this Period<br>87.09                      |  |
| City Concord<br>State CA<br>Zip Code 94529-  | Purpose of Disbursement<br>gas<br>Candidate Name   | 002<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

GAS

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Citgo</b>   |  | Transaction ID: 61202.E4181<br>Date of Disbursement<br>10 / 29 / 2006 |  |
| Mailing Address P. O. Box 29190  |  | Amount of Each Disbursement this Period<br>108.35                     |  |
| City Shawnee Msn<br>State KS<br>Zip Code 66201-  | Purpose of Disbursement<br>gas<br>Candidate Name   | 002<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

GAS

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 208.44 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Columbus State University</b>   |  | <b>Transaction ID:</b> 61202.E4183<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 8 / 2 0 0 6 |
| Mailing Address 4225 University Avenue   |  | Amount of Each Disbursement this Period<br>300.00   |
| City Columbus State GA Zip Code 31993-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement donation<br>Candidate Name   | 012<br>Category/Type   | DONATION  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Columbus Times Newspaper</b>  |  | <b>Transaction ID:</b> 61202.E4182<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 2230 Buena Vista Rd  |  | Amount of Each Disbursement this Period<br>877.80   |
| City Columbus State GA Zip Code 31906-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement ad<br>Candidate Name   | 004<br>Category/Type   | AD  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Frank Creighton</b>   |  | <b>Transaction ID:</b> 61202.E4187<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 1738 Ft. Benning Rd  |  | Amount of Each Disbursement this Period<br>44.49  |
| City Columbus State GA Zip Code 31903-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement travel expense-gas<br>Candidate Name   | 002<br>Category/Type   | TRAVEL EXPENSE-GAS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1222.29 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Frank Creighton   |  | <b>Transaction ID:</b> 61202.E4188<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 1738 Ft. Benning Rd  |  | Amount of Each Disbursement this Period<br>1095.70  |
| City Columbus State GA Zip Code 31903-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement payroll<br>Candidate Name  | Category/Type<br>001   | PAYROLL   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Frank Creighton   |  | <b>Transaction ID:</b> 61202.E4189<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 1 / 2 0 0 6 |
| Mailing Address 1738 Ft. Benning Rd  |  | Amount of Each Disbursement this Period<br>970.00   |
| City Columbus State GA Zip Code 31903-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement payroll<br>Candidate Name  | Category/Type<br>001   | PAYROLL   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Eric Culbreth   |  | <b>Transaction ID:</b> 61202.E4190<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 317 W Broad  |  | Amount of Each Disbursement this Period<br>3575.00  |
| City Albany State GA Zip Code 31701-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement campaign materials - t shirts<br>Candidate Name  | Category/Type<br>006   | CAMPAIGN MATERIALS - T SHIRTS   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5640.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cumulus Broadcasting</b>  |  | <b>Transaction ID:</b> 61202.E4191<br><b>Date of Disbursement</b><br>11 / 15 / 2006                  |
| Mailing Address 1104 west Broad  |  | Amount of Each Disbursement this Period<br>1200.00   |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement advertising<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>ADVERTISING</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cumulus Broadcasting</b>  |  | <b>Transaction ID:</b> 61202.E4192<br><b>Date of Disbursement</b><br>11 / 16 / 2006                  |
| Mailing Address 1104 west Broad  |  | Amount of Each Disbursement this Period<br>150.00  |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement advertising<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>ADVERTISING</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Davis Broadcasting</b>  |  | <b>Transaction ID:</b> 61202.E4193<br><b>Date of Disbursement</b><br>11 / 06 / 2006                  |
| Mailing Address 2203 Wynnton Rd  |  | Amount of Each Disbursement this Period<br>3130.00   |
| City Columbus State GA Zip Code 31906-   | Purpose of Disbursement advertising<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>ADVERTISING</b> |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4480.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Early County News</b>   |  | Transaction ID: 61202.E4196<br>Date of Disbursement<br>11 / 21 / 2006                                |
| Mailing Address P. O. Box 748  |  | Amount of Each Disbursement this Period<br>200.70  |
| City Blakely State GA Zip Code 31723-  | Purpose of Disbursement advertising<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>ADVERTISING</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Enterprise Rental</b>   |  | Transaction ID: 61202.E4198<br>Date of Disbursement<br>11 / 18 / 2006  |
| Mailing Address 2019 N Slappey Blvd  |  | Amount of Each Disbursement this Period<br>2720.66   |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement campgn event expense - truck re<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>CAMPGN EVENT EXPENSE - TRUCK RE</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Exxon</b>   |  | Transaction ID: 61202.E4199<br>Date of Disbursement<br>10 / 20 / 2006                        |
| Mailing Address P. O. Box 4550   |  | Amount of Each Disbursement this Period<br>38.54   |
| City Carol Stream State IL Zip Code 60197-   | Purpose of Disbursement gas<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>GAS</b> |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2959.90</b> |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Georgia Power</b>   |  | <b>Transaction ID:</b> 61202.E4202<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 704 N Westover Blvd  |  | Amount of Each Disbursement this Period<br>324.09   |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement utility<br>Candidate Name  | 001<br>Category/Type   | UTILITY   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Georgia Power</b>   |  | <b>Transaction ID:</b> 61202.E4203<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 704 N Westover Blvd  |  | Amount of Each Disbursement this Period<br>270.72   |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement utility<br>Candidate Name  | 001<br>Category/Type   | UTILITY   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Barry Green</b>   |  | <b>Transaction ID:</b> 61202.E4205<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 1704 Gillionville Rd.  |  | Amount of Each Disbursement this Period<br>200.00   |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement temporary labor<br>Candidate Name  | 001<br>Category/Type   | TEMPORARY LABOR   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 794.81 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Barry Green</b>   |   | <b>Transaction ID: 61202.E4206</b><br>Date of Disbursement<br>11 / 02 / 2006                             |
| Mailing Address 1704 Gillionville Rd.  |   | Amount of Each Disbursement this Period<br>400.00  |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement temporary labor<br>Candidate Name |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>TEMPORARY LABOR</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Barry Green</b>   |   | <b>Transaction ID: 61202.E4207</b><br>Date of Disbursement<br>11 / 13 / 2006                             |
| Mailing Address 1704 Gillionville Rd.  |   | Amount of Each Disbursement this Period<br>233.00  |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement temporary labor<br>Candidate Name |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>TEMPORARY LABOR</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Ezekiel Holley</b>  |  | <b>Transaction ID: 61202.E4209</b><br>Date of Disbursement<br>11 / 01 / 2006                                |
| Mailing Address P. O. Box 784  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Dawson State GA Zip Code 39842-   | Purpose of Disbursement gotv-ride to polls<br>Candidate Name |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>GOTV-RIDE TO POLLS</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>1633.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Internet Service of Albany</b>  |  | <b>Transaction ID:</b> 61202.E4210<br><b>Date of Disbursement</b><br>10 / 21 / 2006  |
| Mailing Address P. O. Box 603  |  | Amount of Each Disbursement this Period<br>109.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement internet service<br>Candidate Name Category/Type 001   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | INTERNET SERVICE   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kennedy Communications</b>  |  | <b>Transaction ID:</b> 61202.E4212<br><b>Date of Disbursement</b><br>10 / 25 / 2006  |
| Mailing Address 2715 M St. NW Ste 400  |  | Amount of Each Disbursement this Period<br>91981.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007-   | Purpose of Disbursement communications consultant<br>Candidate Name Category/Type 004  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | COMMUNICATIONS CONSULTANT  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Leadfoots Petro</b>   |  | <b>Transaction ID:</b> 61202.E4215<br><b>Date of Disbursement</b><br>11 / 06 / 2006   |
| Mailing Address 106 N Walnut St  |  | Amount of Each Disbursement this Period<br>40.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Leesburg State GA Zip Code 31763-   | Purpose of Disbursement gas<br>Candidate Name Category/Type 002  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | GAS   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 92130.80 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lee County Chamber</b>  |  | Transaction ID: 61202.E4216<br>Date of Disbursement<br>11 / 01 / 2006                                  |  |
| Mailing Address P. O. Box 439  |  | Amount of Each Disbursement this Period<br>275.00  |  |
| City Leesburg<br>State GA<br>Zip Code 31763-   | Purpose of Disbursement<br>donation  | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><input type="checkbox"/> |  |
| Candidate Name   | Category/Type<br>012   | DONATION   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alan Mauldin</b>  |  | Transaction ID: 61202.E4218<br>Date of Disbursement<br>10 / 20 / 2006                                  |  |
| Mailing Address 314 N Green St.  |  | Amount of Each Disbursement this Period<br>22.52   |  |
| City Doerun<br>State GA<br>Zip Code 31744-   | Purpose of Disbursement<br>travel expense - mileage  | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><input type="checkbox"/> |  |
| Candidate Name   | Category/Type<br>002   | TRAVEL EXPENSE - MILEAGE   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Alan Mauldin</b>  |  | Transaction ID: 61202.E4219<br>Date of Disbursement<br>11 / 01 / 2006                                  |  |
| Mailing Address 314 N Green St.  |  | Amount of Each Disbursement this Period<br>2327.58   |  |
| City Doerun<br>State GA<br>Zip Code 31744-   | Purpose of Disbursement<br>payroll   | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><input type="checkbox"/> |  |
| Candidate Name   | Category/Type<br>001   | PAYROLL  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2625.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | .....   |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MediaCom</b>  |  | Transaction ID: 61202.E4221<br>Date of Disbursement<br>10 / 20 / 2006                              |
| Mailing Address P. O. Box 105138   |  | Amount of Each Disbursement this Period<br>179.25  |
| City Atlanta State GA Zip Code 30348-  | Purpose of Disbursement internet service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>INTERNET SERVICE |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MediaCom</b>  |  | Transaction ID: 61202.E4222<br>Date of Disbursement<br>11 / 17 / 2006                                    |
| Mailing Address P. O. Box 105138   |  | Amount of Each Disbursement this Period<br>50.00   |
| City Atlanta State GA Zip Code 30348-  | Purpose of Disbursement internet service - dsl<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>INTERNET SERVICE - DSL |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MediaCom</b>  |  | Transaction ID: 61202.E4223<br>Date of Disbursement<br>11 / 17 / 2006                              |
| Mailing Address P. O. Box 105138   |  | Amount of Each Disbursement this Period<br>144.25  |
| City Atlanta State GA Zip Code 30348-  | Purpose of Disbursement internet service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>INTERNET SERVICE |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 373.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>  |  | <b>Transaction ID:</b> 61202.E4226<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 7 / 2 0 0 6  |
| Mailing Address 2406 Westgate Dr.  |  | Amount of Each Disbursement this Period<br>184.88<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31706-   | Purpose of Disbursement supplies<br>Candidate Name<br>Category/Type 001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SUPPLIES   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | <b>Transaction ID:</b> 61202.E4227<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 7 / 2 0 0 6   |
| Mailing Address 2406 Westgate Dr.  |  | Amount of Each Disbursement this Period<br>59.41<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31706-   | Purpose of Disbursement supplies<br>Candidate Name<br>Category/Type 001  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SUPPLIES  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Office Max</b>  |  | <b>Transaction ID:</b> 61202.E4229<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 2 / 2 0 0 6  |
| Mailing Address 1016 N Westover Blvd.  |  | Amount of Each Disbursement this Period<br>282.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31707-   | Purpose of Disbursement supplies<br>Candidate Name<br>Category/Type 001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SUPPLIES   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 526.73 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rudy Parker</b>   |  | <b>Transaction ID: 61202.E4231</b><br>Date of Disbursement<br>10 / 20 / 2006  |
| Mailing Address 427 Robinson Ave.  |  | Amount of Each Disbursement this Period<br>50.66<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31701-   | Purpose of Disbursement gas<br>Candidate Name Category/Type 002  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | GAS   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Parkers Bar-B-Que</b>   |  | <b>Transaction ID: 61202.E4232</b><br>Date of Disbursement<br>11 / 10 / 2006   |
| Mailing Address 602 W Franklin St.   |  | Amount of Each Disbursement this Period<br>200.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Sylvester State GA Zip Code 31791-  | Purpose of Disbursement fundraising expense<br>Candidate Name Category/Type 003  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING EXPENSE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>  |  | <b>Transaction ID: 61202.E4235</b><br>Date of Disbursement<br>11 / 02 / 2006  |
| Mailing Address Albany/Cols  |  | Amount of Each Disbursement this Period<br>88.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State GA Zip Code 31907-   | Purpose of Disbursement postage<br>Candidate Name Category/Type 001  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | POSTAGE   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 339.25 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| <p><b>A. Postmaster</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Sanford D. Bishop, Jr. for Congress</p> <p>Mailing Address Albany/Cols</p> <p>City Columbus State GA Zip Code 31907-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> 61202.E4236</p> <p><b>Date of Disbursement</b><br/>11 / 13 / 2006</p> <p>Amount of Each Disbursement this Period<br/>78.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001<br/>Category/<br/>Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>POSTAGE</p> |
|--|--|--|

|  |  |  |
|--|--|--|
| <p><b>B. Postmaster</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Albany/Cols</p> <p>City Columbus State GA Zip Code 31907-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> 61202.E4237</p> <p><b>Date of Disbursement</b><br/>11 / 18 / 2006</p> <p>Amount of Each Disbursement this Period<br/>64.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001<br/>Category/<br/>Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>POSTAGE</p> |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>C. Gary Powell</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3107 Furman Lane #302</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> 61202.E4238</p> <p><b>Date of Disbursement</b><br/>11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period<br/>2896.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001<br/>Category/<br/>Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>PAYROLL</p> |
|---|--|--|

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|--|----------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p>3038.74</p> |
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**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mrs. Evelyn Turner Pugh</b>   |  | <b>Transaction ID: 61202.E4241</b><br>Date of Disbursement<br>11 / 01 / 2006 |
| Mailing Address 325 Jefferson Dr   |  | Amount of Each Disbursement this Period<br>1500.00                           |
| City Columbus State GA Zip Code 31907-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement payroll<br>Candidate Name  | Category/Type<br>001   | PAYROLL  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Darrell Sabbs</b>   |  | <b>Transaction ID: 61202.E4242</b><br>Date of Disbursement<br>11 / 13 / 2006 |
| Mailing Address P. O. Box 625  |  | Amount of Each Disbursement this Period<br>300.00                            |
| City Americus State GA Zip Code 31709-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement gotv-radio remote<br>Candidate Name  | Category/Type<br>007   | GOTV-RADIO REMOTE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sams Club</b>   |  | <b>Transaction ID: 61202.E4243</b><br>Date of Disbursement<br>10 / 26 / 2006 |
| Mailing Address 1201 N Westover Blvd   |  | Amount of Each Disbursement this Period<br>36.00                             |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement supplies<br>Candidate Name   | Category/Type<br>001   | SUPPLIES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1836.00 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sams Club</b>   |  | <b>Transaction ID:</b> 61202.E4244<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>11 / 01 / 2006 |
| Mailing Address 1201 N Westover Blvd   |  | Amount of Each Disbursement this Period<br>75.22  |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement supplies<br>Candidate Name   | Category/Type<br>001   | SUPPLIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sams Club</b>   |  | <b>Transaction ID:</b> 61202.E4245<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>11 / 06 / 2006 |
| Mailing Address 1201 N Westover Blvd   |  | Amount of Each Disbursement this Period<br>14.34  |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement supplies<br>Candidate Name   | Category/Type<br>001   | SUPPLIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sams Club</b>   |  | <b>Transaction ID:</b> 61202.E4246<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>11 / 10 / 2006 |
| Mailing Address 1201 N Westover Blvd   |  | Amount of Each Disbursement this Period<br>237.38   |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement campaign event - gotv<br>Candidate Name  | Category/Type<br>007   | CAMPAIGN EVENT - GOTV   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 326.94      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Shell Oil</b>   |  | <b>Transaction ID:</b> 61202.E4247<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 0 / 2 0 0 6  |
| Mailing Address Processing Center  |  | Amount of Each Disbursement this Period<br>117.74<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Des Moines State IA Zip Code 50367-   | Purpose of Disbursement gas<br>Candidate Name<br>Category/Type 002   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | GAS  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>   |  | <b>Transaction ID:</b> 61202.E4249<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 8 / 2 0 0 6  |
| Mailing Address 501 North Slappy Blvd  |  | Amount of Each Disbursement this Period<br>631.91<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State GA Zip Code 31701-   | Purpose of Disbursement supplies<br>Candidate Name<br>Category/Type 001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SUPPLIES   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. The Courier/Eco Latino</b>  |  | <b>Transaction ID:</b> 61202.E4251<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 0 / 2 0 0 6  |
| Mailing Address P. O. Box 5747   |  | Amount of Each Disbursement this Period<br>898.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Columbus State GA Zip Code 31906-   | Purpose of Disbursement ad<br>Candidate Name<br>Category/Type 004  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | AD   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1647.65 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Courier/Eco Latino</b>  |  | <b>Transaction ID:</b> 61202.E4252<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 2 1 / 2 0 0 6 |
| Mailing Address P. O. Box 5747   |  | Amount of Each Disbursement this Period<br>600.00   |
| City Columbus State GA Zip Code 31906-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement ad<br>Candidate Name   | Category/Type<br>004   | AD  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. The Family Center</b>   |  | <b>Transaction ID:</b> 61202.E4254<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 5 / 2 0 0 6 |
| Mailing Address P. O. Box 1825   |  | Amount of Each Disbursement this Period<br>288.00   |
| City Columbus State GA Zip Code 31902-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement donation<br>Candidate Name   | Category/Type<br>012   | DONATION  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Trinity Investments</b>   |  | <b>Transaction ID:</b> 61202.E4256<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 1704 Gillionville Rd   |  | Amount of Each Disbursement this Period<br>1200.00  |
| City Albany State GA Zip Code 31707-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement campgn hdqtrs lease<br>Candidate Name  | Category/Type<br>001   | CAMPGN HDQTRS LEASE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2088.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 51

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Sanford D. Bishop, Jr. for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Communication</b>   |  | Transaction ID: 61202.E4257<br>Date of Disbursement<br>11 / 17 / 2006                              |
| Mailing Address 1300 I Street  |  | Amount of Each Disbursement this Period<br>178.67  |
| City Washington State DC Zip Code 20005-   | Purpose of Disbursement cellular service<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>CELLULAR SERVICE |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Walco</b>   |  | Transaction ID: 61202.E4258<br>Date of Disbursement<br>10 / 20 / 2006                                |
| Mailing Address 3800 2nd Ave   |  | Amount of Each Disbursement this Period<br>1483.21   |
| City Columbus State GA Zip Code 31902-   | Purpose of Disbursement campaign materials<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>CAMPAIGN MATERIALS |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sherri Weiske</b>   |  | Transaction ID: 61202.C7764IK<br>Date of Disbursement<br>10 / 23 / 2006                    |
| Mailing Address 105 Hadley Dr.   |  | Amount of Each Disbursement this Period<br>250.00  |
| City Thomasville State GA Zip Code 31792-  | Purpose of Disbursement<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>IN KIND: |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1911.88 |
| <b>TOTAL</b> 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)  
Sanford D. Bishop, Jr. for Congress

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Woodalls Gas</b>   |  | Transaction ID: 61202.E4259            |   |
| Mailing Address 1500 N Slappy Blvd.   |  | Date of Disbursement<br>10 / 27 / 2006 |   |
| City Albany   | State GA   | Zip Code 31701-                        | Amount of Each Disbursement this Period<br>50.00  |
| Purpose of Disbursement<br>gas  |  | 002<br>Category/<br>Type               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | GAS   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Woodalls Gas</b>   |  | Transaction ID: 61202.E4260            |   |
| Mailing Address 1500 N Slappy Blvd.   |  | Date of Disbursement<br>11 / 01 / 2006 |   |
| City Albany   | State GA   | Zip Code 31701-                        | Amount of Each Disbursement this Period<br>55.00  |
| Purpose of Disbursement<br>gas  |  | 002<br>Category/<br>Type               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | GAS   |
| State: District:  |  |  |   |

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

105.00

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

139788.07

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Comm. To Elect Able Mable Thomas</b>  |  | <b>Transaction ID: 61202.E4186</b><br>Date of Disbursement<br>10 / 21 / 2006                        |
| Mailing Address 765 Jones Ave NW   |  | Amount of Each Disbursement this Period<br>250.00   |
| City Atlanta State GA Zip Code 30314-  | Purpose of Disbursement political contributions<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Congressional Campaign Comm.</b>   |  | <b>Transaction ID: 61202.E4194</b><br>Date of Disbursement<br>11 / 06 / 2006                        |
| Mailing Address 430 So Capitol St SE 2nd FL  |  | Amount of Each Disbursement this Period<br>10000.00   |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement unlimited transfer<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mike McGraw for Congress</b>   |  | <b>Transaction ID: 61202.E4225</b><br>Date of Disbursement<br>10 / 26 / 2006                        |
| Mailing Address 21 Parks Ave  |  | Amount of Each Disbursement this Period<br>2000.00  |
| City Newnan State GA Zip Code 30263-  | Purpose of Disbursement political contribution<br>Candidate Name<br>MICHAEL EDWARD MCGRAW  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 03 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>12250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>12250.00</b> |