

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Southeast Milk, Inc. Political Action Committee

ADDRESS (number and street) Post Office Box 3790  
 Check if different than previously reported. (ACC)  
Bellevue FL 34421

2. **FEC IDENTIFICATION NUMBER** C00359984  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Calvin Covington

Signature of Treasurer Electronically Filed by Calvin Covington Date 10 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Southeast Milk, Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		21460.48
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	35782.57									
(c) Total Receipts (from Line 19) .....	1406.43	25028.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37189.00	46489.00								
7. Total Disbursements (from Line 31) .....	27968.35	37268.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9220.65	9220.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Southeast Milk, Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	725.00	21085.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	275.00	3537.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1000.00	24622.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	1000.00	24622.09
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	406.43	406.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1406.43	25028.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1406.43	25028.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	968.35	968.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	968.35	968.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	36200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27968.35	37268.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	27968.35	37268.35

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1000.00	24622.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1000.00	24622.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	968.35	968.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	968.35	968.35

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

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

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)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Aprile		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 1112 W. River Dr.		Transaction ID: SA11A1.5248	
City State Zip Code Temple Terrace FL 33617	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Aprile Farms, Inc.	Occupation Dairy Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Norman F. Clemons		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address Post Office Box 3514		Transaction ID: SA11A1.5244	
City State Zip Code Ft. Myers FL 33918	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer NFC Dairy, LLP	Occupation Dairy Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Terry Embry		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 185 Wesley Chapel Rd		Transaction ID: SA11A1.5242	
City State Zip Code Eatonton GA 31024	Amount of Each Receipt this Period 230.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Sunrise Dairy	Occupation Dairy Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	725.00

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

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Wachovia Bank NA		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 109 West Silver Springs Boulevard		<b>Transaction ID:</b> SA17.5313
City Ocala	State FL	Zip Code 34475
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.41
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.89	

Full Name (Last, First, Middle Initial) <b>B.</b> Wachovia Bank NA		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 109 West Silver Springs Boulevard		<b>Transaction ID:</b> SA17.5314
City Ocala	State FL	Zip Code 34475
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.28
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.17	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	191.69
<b>TOTAL</b> This Period (last page this line number only) .....	191.69

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 16

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sheryls Catering &amp; Noon Buffet</b>		Transaction ID: SB21B.5259 Date of Disbursement 08 / 19 / 2006	
Mailing Address 515 SW 5th St.		Amount of Each Disbursement this Period 535.00	
City Live Oak State FL Zip Code 32064	Purpose of Disbursement Fundraiser	003 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Suwanee Valley Event &amp; Party Rentals</b>		Transaction ID: SB21B.5260 Date of Disbursement 08 / 19 / 2006	
Mailing Address 522 W. Hward St		Amount of Each Disbursement this Period 433.35	
City Live Oak State FL Zip Code 32064	Purpose of Disbursement Fundraiser	003 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

968.35

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

968.35



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. GUS MICHAEL BILIRAKIS</b>		<b>Transaction ID: SB23.5306</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 4538 BARTELT ROAD		Amount of Each Disbursement this Period 1000.00
City HOLIDAY State FL Zip Code 34690	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name GUS MICHAEL BILIRAKIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BILL NELSON FOR U S SENATE</b>		<b>Transaction ID: SB23.5267</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 500 RED SAIL WAY		Amount of Each Disbursement this Period 1000.00
City SATELITE BEACH State FL Zip Code 32937	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name BILL NELSON FOR U S SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. F ALLEN JR BOYD</b>		<b>Transaction ID: SB23.5253</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 1650 SUMMIT LAKE DRIVE SUITE 105		Amount of Each Disbursement this Period 1000.00
City TALLAHASSEE State FL Zip Code 32317	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name F ALLEN JR BOYD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. O MAXIE BURNS</b>		<b>Transaction ID: SB23.5277</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 5417 NEWINGTON HIGHWAY		Amount of Each Disbursement this Period 1000.00
City SYLVANIA State GA Zip Code 30467	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name O MAXIE BURNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CHARLIE STUART FOR CONGRESS</b>		<b>Transaction ID: SB23.5271</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 560908		Amount of Each Disbursement this Period 2500.00
City Orlando State FL Zip Code 32856	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name CHARLIE STUART FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CRENSHAW FOR CONGRESS CAMPAIGN</b>		<b>Transaction ID: SB23.5250</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 5345 Ortega Boulevard Suite 11		Amount of Each Disbursement this Period 1000.00
City Jacksonville State FL Zip Code 32210	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name CRENSHAW FOR CONGRESS CAMPAIGN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TOM FEENEY</b>		<b>Transaction ID: SB23.5272</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 1000.00
City Oviedo State FL Zip Code 32765	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name TOM FEENEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MARK FOLEY</b>		<b>Transaction ID: SB23.5270</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1316 LAKE VICTORIA DR 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 1000.00
City LAKE WORTH State FL Zip Code 33461	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name FRIENDS OF MARK FOLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HASTINGS FOR CONGRESS</b>		<b>Transaction ID: SB23.5273</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. BOX 9352 P.O. BOX 9352		Amount of Each Disbursement this Period 2000.00
City FT. LAUDERDALE State FL Zip Code 33310	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name HASTINGS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. LYNN WESTMORELAND FOR CONGRESS</b>		<b>Transaction ID: SB23.5283</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 458		Amount of Each Disbursement this Period 1000.00
City SHARPSBURG State GA Zip Code 30277	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name LYNN WESTMORELAND FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MAC COLLINS FOR CONGRESS</b>		<b>Transaction ID: SB23.5280</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 962		Amount of Each Disbursement this Period 1000.00
City Jackson State GA Zip Code 30233	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name MAC COLLINS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MARIO DIAZ-BALART FOR CONGRESS</b>		<b>Transaction ID: SB23.5290</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2801 Ponce de Leon Blvd. Ste1000		Amount of Each Disbursement this Period 1000.00
City Coral Gables State FL Zip Code 33134	Category/ Type	
Purpose of Disbursement Disbur.		
Candidate Name MARIO DIAZ-BALART FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JIM MARSHALL</b>		<b>Transaction ID: SB23.5296</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 1000.00	
City MACON	State GA		Zip Code 31202
Purpose of Disbursement Disbur. Candidate Name JIM MARSHALL			Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARTINEZ FOR SENATE</b>		<b>Transaction ID: SB23.5304</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address PO BOX 536176		Amount of Each Disbursement this Period 1000.00	
City ORLANDO	State FL		Zip Code 32853
Purpose of Disbursement Disbur. Candidate Name MARTINEZ FOR SENATE			Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MICA FOR CONGRESS</b>		<b>Transaction ID: SB23.5284</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address P. O. Box 181546		Amount of Each Disbursement this Period 1000.00	
City Casselberry	State FL		Zip Code 32718
Purpose of Disbursement Disbur. Candidate Name MICA FOR CONGRESS			Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. NATHAN DEAL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5300 Date of Disbursement
Mailing Address PO BOX 902 PO BOX 902		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City GAINESVILLE	State GA	Zip Code 30503
Purpose of Disbursement Disbur.	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name NATHAN DEAL FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 09	

Full Name (Last, First, Middle Initial) <b>B. National Milk Producers Federation PAC</b>		<b>Transaction ID:</b> SB23.5252 Date of Disbursement
Mailing Address 2101 Wilson Blvd. Suite 400		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City Arlington	State VA	Zip Code 22201
Purpose of Disbursement Disbur.	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Norwood for Congress</b>		<b>Transaction ID:</b> SB23.5297 Date of Disbursement
Mailing Address Post Office Box 499		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Evans	State GA	Zip Code 30809
Purpose of Disbursement Disbur.	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Norwood for Congress	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. DEVIN GERALD NUNES</b>		<b>Transaction ID: SB23.5302</b> Date of Disbursement 09 / 26 / 2006
Mailing Address PO BOX 130 PO BOX 130		Amount of Each Disbursement this Period 1000.00
City ALPAUGH State CA Zip Code 93201	Category/ Type	
Purpose of Disbursement Disbur. Candidate Name DEVIN GERALD NUNES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 21		

Full Name (Last, First, Middle Initial) <b>B. Pombo, Richard</b>		<b>Transaction ID: SB23.5301</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 28375 S. Chrisman Road		Amount of Each Disbursement this Period 1000.00
City Tracy State CA Zip Code 95304	Category/ Type	
Purpose of Disbursement Disbur. Candidate Name Pombo, Richard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 11		

Full Name (Last, First, Middle Initial) <b>C. Putnam for Congress</b>		<b>Transaction ID: SB23.5262</b> Date of Disbursement 08 / 19 / 2006
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 2500.00
City Bartow State FL Zip Code 33831	Category/ Type	
Purpose of Disbursement Disbur. Candidate Name Putnam for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Southeast Milk, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. CLIFFORD BUNDY STEARNS</b>		<b>Transaction ID: SB23.5276</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2215 SE ASHLEY COURT		Amount of Each Disbursement this Period 1000.00
City Ocala State FL Zip Code 34471	Purpose of Disbursement Disbur. Candidate Name CLIFFORD BUNDY STEARNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVID JOSEPH WELDON</b>		<b>Transaction ID: SB23.5287</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 968		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32902	Purpose of Disbursement Disbur. Candidate Name DAVID JOSEPH WELDON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

2000.00

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

27000.00