

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Linder for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	9858.00	20563.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9858.00	20563.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70629.89	86784.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	87.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70629.89	86696.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	665830.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Linder for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

3500.00

12800.00

(ii) Unitemized.....

6358.00

6763.00

(iii) TOTAL of contributions

9858.00

19563.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

9858.00

20563.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

87.96

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

6.00

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

9858.00

20656.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70629.89	86784.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70629.89	88784.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	726602.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9858.00
25. SUBTOTAL (add Line 23 and Line 24).....	736460.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70629.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	665830.21

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 18

(check only one)

<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

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)
Linder for Congress

A.

Full Name (Last, First, Middle Initial)
William P. Aiken

Mailing Address 2003 Sugarstone Drive

City State Zip Code
Lawrenceville GA 30043-5052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Aiken Company self development

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

350.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90403.C130065

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Harry S. Downs

Mailing Address 1226 Wellbrook Place N.W.

City State Zip Code
Conyers GA 30012

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Retired

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 90403.C130049

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)
E. Patrick Epps

Mailing Address 695 Starlight Lane N.E.

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Epps Aviation Aircraft sales

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: 90328.C129981

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<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)
Linder for Congress

A.

Full Name (Last, First, Middle Initial)
Graham Felton

Mailing Address 1853 Chedworth Lane

City State Zip Code
Stone Mountain GA 30087-2119

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
D & F Marketing Sales

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 90403.C130078

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.

Full Name (Last, First, Middle Initial)
Robert W. Garthwait

Mailing Address P. O. Box 1367

City State Zip Code
Waterbury CT 06721

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cly-Del Mfg. Co. Chairman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: 90328.C130012

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Jerry Greenbaum

Mailing Address 2614 Buford Hwy NE

City State Zip Code
Atlanta GA 30324-3110

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CentraArchy Chairman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: 90328.C130021

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) 900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Linder for Congress

A. Full Name (Last, First, Middle Initial)
Marnita E. Hoggatt

Mailing Address 1570 Saint Julian Street

City State Zip Code
Suwanee GA 30024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
US Dept. of Justice Special agent

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
03 / 24 / 2009

Transaction ID: 90328.C129900

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. Full Name (Last, First, Middle Initial)
Marcia Lane

Mailing Address 1449 W Lindsey Ferry Road

City State Zip Code
Columbus MS 39701-9629

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 90403.C130029

Amount of Each Receipt this Period 200.00

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

C. Full Name (Last, First, Middle Initial)
Ray Oden

Mailing Address 702 Thora Boulevard

City State Zip Code
Shreveport LA 71106-1824

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 90403.C130052

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) 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)

<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)
Linder for Congress

A.

Full Name (Last, First, Middle Initial) Sy Richards		Date of Receipt MM / DD / YYYY 03 / 25 / 2009
Mailing Address 2159 Greensward Drive		Transaction ID: 90328.C129921
City Atlanta	State GA	Zip Code 30345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Architect	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Hall W. Thompson		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 103 Caonoustie		Transaction ID: 90403.C130031
City Birmingham	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Thompson Realty Co.	Occupation Chairman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

C.

Full Name (Last, First, Middle Initial) Wesley J. Wingo		Date of Receipt MM / DD / YYYY 03 / 24 / 2009
Mailing Address P.O.Box 128		Transaction ID: 90328.C129894
City Good Hope	State GA	Zip Code 30641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Emmanuel Praise Church	Occupation Minister	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	3500.00

**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)

<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)
Linder for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P. O. Box 105503 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90125.E10622 Date of Disbursement 01 / 01 / 2009 Amount of Each Disbursement this Period 32.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P. O. Box 105503 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90306.E10631 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 32.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P. O. Box 105503 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90314.E10646 Date of Disbursement 03 / 01 / 2009 Amount of Each Disbursement this Period 32.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	98.12
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Linder for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P. O. Box 105503 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90314.E10645 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 42.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P. O. Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90306.E10637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 278.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P. O. Box 6463 City Carol Stream State IL Zip Code 60197-6463 Purpose of Disbursement Phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90125.E10625 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 502.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)	824.33
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Linder for Congress

<p>A. Full Name (Last, First, Middle Initial) Campaign Consulting Group</p> <p>Mailing Address P. O. Box 250336</p> <p>City Atlanta State GA Zip Code 30325-</p> <p>Purpose of Disbursement FR Consulting</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90125.E10619</p> <p>Date of Disbursement 01 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FR CONSULTING</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street S. E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Dues</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90328.E10651</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DUES</p>
<p>C. Full Name (Last, First, Middle Initial) Dr. Allison Corbett</p> <p>Mailing Address 3449 Hildon Circle</p> <p>City Atlanta State GA Zip Code 30341-</p> <p>Purpose of Disbursement FR Consulting</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90306.E10634</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FR CONSULTING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2625.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 18

<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)
Linder for Congress

A.	Full Name (Last, First, Middle Initial) NRCC Mailing Address 300 First Street City Washington State DC Zip Code 20003- Purpose of Disbursement Transfer excess campaign funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90314.E10640 Date of Disbursement 02 / 14 / 2009 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRANSFER EXCESS CAMPAIGN FUNDS
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1710 Mt. Vernon Road City Atlanta State GA Zip Code 30338- Purpose of Disbursement Merchant charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90125.E10628 Date of Disbursement 01 / 23 / 2009 Amount of Each Disbursement this Period 124.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT CHARGES
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1710 Mt. Vernon Road City Atlanta State GA Zip Code 30338- Purpose of Disbursement Merchant charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90306.E10635 Date of Disbursement 01 / 31 / 2009 Amount of Each Disbursement this Period 24.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶

25149.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Linder for Congress

A.

Full Name (Last, First, Middle Initial)
SunTrust Bank

Transaction ID: 90314.E10647
Date of Disbursement

Mailing Address 1710 Mt. Vernon Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

City Atlanta State GA Zip Code 30338-

Amount of Each Disbursement this Period

24.95

Purpose of Disbursement
Merchant charges

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MERCHANT CHARGES

State: District:

B.

Full Name (Last, First, Middle Initial)
SunTrust Bank

Transaction ID: 90314.E10641
Date of Disbursement

Mailing Address 1710 Mt. Vernon Road

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	9

City Atlanta State GA Zip Code 30338-

Amount of Each Disbursement this Period

4057.66

Purpose of Disbursement
1120 tax

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1120 TAX

State: District:

C.

Full Name (Last, First, Middle Initial)
The 1818 Club

Transaction ID: 90125.E10626
Date of Disbursement

Mailing Address 6500 Sugarloaf Pkwy

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

City Duluth State GA Zip Code 30097-6205

Amount of Each Disbursement this Period

42.50

Purpose of Disbursement
Dues

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

DUES

State: District:

SUBTOTAL of Disbursements This Page (optional)

4125.11

TOTAL This Period (last page this line number only)

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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)

<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)
Linder for Congress

A. Full Name (Last, First, Middle Initial) The 1818 Club Mailing Address 6500 Sugarloaf Pkwy City Duluth State GA Zip Code 30097-6205 Purpose of Disbursement Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90306.E10638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 42.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DUES

B. Full Name (Last, First, Middle Initial) The 1818 Club Mailing Address 6500 Sugarloaf Pkwy City Duluth State GA Zip Code 30097-6205 Purpose of Disbursement Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90314.E10649 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 106.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DUES

C. Full Name (Last, First, Middle Initial) Trinity Press Mailing Address 3190 Repts Miller Road Suite 360 City Norcross State GA Zip Code 30071- Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90314.E10643 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 247.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	396.36
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<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)
Linder for Congress

A.	Full Name (Last, First, Middle Initial) Trinity Press	Transaction ID: 90314.E10650 Date of Disbursement 03 / 12 / 2009
	Mailing Address 3190 Reys Miller Road Suite 360	Amount of Each Disbursement this Period 3085.99
	City Norcross State GA Zip Code 30071-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

B.	Full Name (Last, First, Middle Initial) USAA Credit Card Services	Transaction ID: 90125.E10620 Date of Disbursement 01 / 01 / 2009
	Mailing Address 10750 McDermott Fwy.	Amount of Each Disbursement this Period 1461.48
	City San Antonio State TX Zip Code 78288-0570	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW: Travel supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW: TRAVEL SUPPLIES

C.	Full Name (Last, First, Middle Initial) Autumn Publishing	Transaction ID: 81202.E9911 Date of Disbursement 12 / 01 / 2008
	Mailing Address P. O. Box 1530	Amount of Each Disbursement this Period 538.56
	City Vienna State VA Zip Code 22183-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Christmas cards	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: CHRISTMAS CARDS

SUBTOTAL of Disbursements This Page (optional)	▶	4547.47
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Linder for Congress

A.

Full Name (Last, First, Middle Initial)
Beverage Warehouse

Mailing Address 2820 Lawrenceville Suwanee Rd

City State Zip Code
Suwanee GA 30024-2531

Purpose of Disbursement
FR

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81202.E9912
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	8

Amount of Each Disbursement this Period

594.01

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FR

B.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address Hartsfield Airport

City State Zip Code
Atlanta GA 30320-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90125.E10621
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

647.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)
USAA Credit Card Services

Mailing Address 10750 McDermott Fwy.

City State Zip Code
San Antonio TX 78288-0570

Purpose of Disbursement
SEE BELOW: Travel supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90306.E10629
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

963.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW: TRAVEL SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

963.42

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

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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)

<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)
Linder for Congress

A.

Full Name (Last, First, Middle Initial)
Inn at Palmetto Bluff Inn

Mailing Address 476 Mount Pelia

City State Zip Code
Bluffton SC 29910-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90306.E10630
Date of Disbursement

02 / 01 / 2009

Amount of Each Disbursement this Period

374.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
USAA Credit Card Services

Mailing Address 10750 McDermott Fwy.

City State Zip Code
San Antonio TX 78288-0570

Purpose of Disbursement
None over \$200.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90314.E10644
Date of Disbursement

03 / 01 / 2009

Amount of Each Disbursement this Period

322.77

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

NONE OVER \$200.

C.

Full Name (Last, First, Middle Initial)
USAA Insurance

Mailing Address 9800 Fredericksburg Road

City State Zip Code
San Antonio TX 78288-

Purpose of Disbursement
Car insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90314.E10648
Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

1004.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAR INSURANCE

SUBTOTAL of Disbursements This Page (optional)

1326.97

TOTAL This Period (last page this line number only)

70416.43