

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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
Sanford D. Bishop, Jr. for Congress

ADDRESS (number and street) P, O, Box 909
 Check if different than previously reported. (ACC)
Columbus GA 31902

2. **FEC IDENTIFICATION NUMBER** C00266940
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
GA 02

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 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 11 28 2006 through 12 31 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 Evelyn Turner Pugh, Treasurer

Signature of Treasurer Electronically Filed by Evelyn Turner Pugh, Treasurer Date 01 31 2007

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

Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	41396.41	61971.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41396.41	61971.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	283725.04	
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
Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

0.00

0.00

(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

0.00

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

569.09

569.09

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

569.09

569.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41396.41	61971.93
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.....	3000.00	3000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	44396.41	64971.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	327552.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	569.09
25. SUBTOTAL (add Line 23 and Line 24).....	328121.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44396.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	283725.04

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Sanford D Bishop, Jr.		Candidate ID Number H2GA02031
Name of Principal Campaign Committee Sanford D. Bishop, Jr. for Congress		Committee ID Number C C00266940
Committee Address P. O. Box 909		
City Columbus	State GA	ZIP 31902-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	-430.91	-430.91
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	-430.91	-430.91

**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 6 / 21
	<input 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 checked="" 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)
SunTrust Bank

Mailing Address 1246 1st Ave.

City State Zip Code
Columbus GA 31901-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
569.09

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

Transaction ID: 70131.C7840

Amount of Each Receipt this Period
569.09

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

SUBTOTAL of Receipts This Page (optional)	▶	569.09
TOTAL This Period (last page this line number only)	▶	569.09

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) A. AFLAC		Transaction ID: 70114.E4261 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1932 Wynnton Rd.		Amount of Each Disbursement this Period 2743.99	
City Columbus State GA Zip Code 31999-	Purpose of Disbursement furniture Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FURNITURE	
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) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Alltel		Transaction ID: 70114.E4262 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2700 Dawson Rd. Ste. 10		Amount of Each Disbursement this Period 410.21	
City Albany State GA Zip Code 31707-	Purpose of Disbursement cellular service Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR SERVICE	
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) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Andrew Rents		Transaction ID: 70114.E4263 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 811 S Westover Blvd		Amount of Each Disbursement this Period 338.53	
City Albany State GA Zip Code 31702-	Purpose of Disbursement furniture Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FURNITURE	
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) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	3492.73
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)
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) A. Art Sign Co.		Transaction ID: 70114.E4264 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 50186		Amount of Each Disbursement this Period 250.00
City Albany State GA Zip Code 31703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement moving sign	Candidate Name	MOVING SIGN
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) ▼	

Full Name (Last, First, Middle Initial) B. BellSouth Telecommunications		Transaction ID: 70114.E4266 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 467624		Amount of Each Disbursement this Period 969.31
City Atlanta State GA Zip Code 31146-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone service	Candidate Name	TELEPHONE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) C. Danielle Blackwell		Transaction ID: 70114.E4278 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1612 Fort Dupont St. SE		Amount of Each Disbursement this Period 7534.23
City Washington State DC Zip Code 20020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll & bonus	Candidate Name	PAYROLL & BONUS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8753.54
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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>A. Danielle Blackwell</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1612 Fort Dupont St. SE</p> <p>City Washington State DC Zip Code 20020-</p> <p>Purpose of Disbursement mileage expense</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>Transaction ID: 70114.E4279</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="755.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MILEAGE EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>B. BP Oil</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P. O. Box 9070</p> <p>City Des Moines State IA Zip Code 50368-9070</p> <p>Purpose of Disbursement gas</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>Transaction ID: 70114.E4267</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="662.06"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>GAS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>C. Columbus Bank & Trust Co</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P. O. Box 120</p> <p>City Columbus State GA Zip Code 31902-</p> <p>Purpose of Disbursement payroll taxes</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>Transaction ID: 70114.E4268</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4216.64"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5634.20"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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 10 / 21

<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

A. Chevron Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 2001 City Concord State CA Zip Code 94529- Purpose of Disbursement gas 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: 70114.E4270 Date of Disbursement 12 / 22 / 2006 Amount of Each Disbursement this Period 250.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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B. Citgo Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas 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: 70114.E4272 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 151.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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C. Citgo Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas 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: 70114.E4273 Date of Disbursement 12 / 22 / 2006 Amount of Each Disbursement this Period 207.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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SUBTOTAL of Disbursements This Page (optional) ▶	609.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 21

<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) A. Columbus Alumnae Chpt Delta Sigma Theta		Transaction ID: 70114.E4280 Date of Disbursement 12 / 13 / 2006
Mailing Address 4925 Forrest Rd		Amount of Each Disbursement this Period 280.00
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 donation	Candidate Name	DONATION
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) ▼	

Full Name (Last, First, Middle Initial) B. Congressional Club		Transaction ID: 70114.E4275 Date of Disbursement 12 / 07 / 2006
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 84.60
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement luncheon	Candidate Name	LUNCHEON
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) ▼	

Full Name (Last, First, Middle Initial) C. Congressional Club		Transaction ID: 70114.E4274 Date of Disbursement 12 / 11 / 2006
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 375.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement luncheon	Candidate Name	LUNCHEON
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	739.60
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 12 / 21

<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) A. Mr. Frank Creighton		Transaction ID: 70114.E4285 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 5125.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31903-	Purpose of Disbursement payroll & bonus 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) ▼	PAYROLL & BONUS Category/Type: 001

Full Name (Last, First, Middle Initial) B. Cumulus Broadcasting		Transaction ID: 70114.E4276 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1104 west Broad		Amount of Each Disbursement this Period 150.00 <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 advertising 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) ▼	ADVERTISING Category/Type: 004

Full Name (Last, First, Middle Initial) C. Cumulus Broadcasting		Transaction ID: 70114.E4277 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1104 west Broad		Amount of Each Disbursement this Period 1200.00 <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 advertising 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) ▼	ADVERTISING Category/Type: 004

SUBTOTAL of Disbursements This Page (optional) ▶	6475.70
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)
Sanford D. Bishop, Jr. for Congress

A. Enterprise Rental Full Name (Last, First, Middle Initial) Mailing Address 2019 N Slappey Blvd City Albany State GA Zip Code 31707- Purpose of Disbursement truck rental 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: 70114.E4282 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 936.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRUCK RENTAL
---	--	--

B. Georgia Power Full Name (Last, First, Middle Initial) Mailing Address 704 N Westover Blvd City Albany State GA Zip Code 31707- Purpose of Disbursement utility 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: 70114.E4286 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 277.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITY
--	--	---

C. Mr. Barry Green Full Name (Last, First, Middle Initial) Mailing Address 1704 Gillionville Rd. City Albany State GA Zip Code 31707- Purpose of Disbursement temporary labor 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: 70114.E4287 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TEMPORARY LABOR
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SUBTOTAL of Disbursements This Page (optional) ▶	1489.59
TOTAL 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) A. Internal Revenue Service		Transaction ID: 70114.E4293 Date of Disbursement 12 / 15 / 2006
Mailing Address P. O. Box 105659		Amount of Each Disbursement this Period 377.92
City Atlanta State GA Zip Code 30348-5659	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement taxes Candidate Name	001 Category/Type	TAXES
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) ▼	

Full Name (Last, First, Middle Initial) B. MediaCom		Transaction ID: 70114.E4294 Date of Disbursement 12 / 15 / 2006
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 144.25
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service Candidate Name	001 Category/Type	INTERNET SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) C. Mens Progressive Club		Transaction ID: 70114.E4295 Date of Disbursement 11 / 29 / 2006
Mailing Address P. O. Box 1086		Amount of Each Disbursement this Period 240.00
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 Candidate Name	012 Category/Type	DONATION
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	762.17
TOTAL 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)

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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) A. NAACP-Columbus Branch		Transaction ID: 70114.E4297 Date of Disbursement 12 / 15 / 2006	
Mailing Address P. O. Box 423		Amount of Each Disbursement this Period 400.00	
City Columbus State GA Zip Code 31902-	Purpose of Disbursement donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	012 Category/ Type	DONATION	
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) ▼		

Full Name (Last, First, Middle Initial) B. Natl Democratic Club		Transaction ID: 70114.E4298 Date of Disbursement 12 / 15 / 2006	
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 275.00	
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement dues	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	001 Category/ Type	DUES	
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) ▼		

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: 70114.E4300 Date of Disbursement 11 / 28 / 2006	
Mailing Address Albany/Cols		Amount of Each Disbursement this Period 103.36	
City Columbus State GA Zip Code 31907-	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	001 Category/ Type	POSTAGE	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	778.36
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)

<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) A. Mrs. Evelyn Turner Pugh		Transaction ID: 70114.E4302 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 325 Jefferson Dr		Amount of Each Disbursement this Period 1800.00 <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 payroll Candidate Name Category/Type 001	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Shell Oil		Transaction ID: 70114.E4306 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 260.54 <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 Candidate Name Category/Type 002	
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) ▼	GAS

Full Name (Last, First, Middle Initial) C. Shell Oil		Transaction ID: 70114.E4307 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address Processing Center		Amount of Each Disbursement this Period 537.15 <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 Candidate Name Category/Type 002	
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) ▼	GAS

SUBTOTAL of Disbursements This Page (optional) ▶	2597.69
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)

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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) A. SunTrust Bank		Transaction ID: 70114.E4308 Date of Disbursement MM / DD / YYYY 11 / 28 / 2006	
Mailing Address 1246 1st Ave.		Amount of Each Disbursement this Period 614.51	
City Columbus State GA Zip Code 31901-	Purpose of Disbursement interest penalty Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PENALTY
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) ▼		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Transaction ID: 70114.E4309 Date of Disbursement MM / DD / YYYY 12 / 11 / 2006	
Mailing Address 1246 1st Ave.		Amount of Each Disbursement this Period 50.00	
City Columbus State GA Zip Code 31901-	Purpose of Disbursement wire fee Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WIRE FEE
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) ▼		

Full Name (Last, First, Middle Initial) C. The Albany Herald		Transaction ID: 70114.E4310 Date of Disbursement MM / DD / YYYY 12 / 15 / 2006	
Mailing Address P. O. Box 48		Amount of Each Disbursement this Period 672.41	
City Albany State GA Zip Code 31702-	Purpose of Disbursement ad Candidate Name	004 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1336.92
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)
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) A. The Columbus Times Newspaper		Transaction ID: 70114.E4312 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2230 Buena Vista Rd		Amount of Each Disbursement this Period 300.00
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 Candidate Name	004 Category/Type	AD
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) ▼	

Full Name (Last, First, Middle Initial) B. The Post Searchlight		Transaction ID: 70114.E4313 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 277		Amount of Each Disbursement this Period 418.95
City Bainbridge State GA Zip Code 31717-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ad Candidate Name	004 Category/Type	AD
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) ▼	

Full Name (Last, First, Middle Initial) C. US Hse Repre Gift Shop		Transaction ID: 70114.E4291 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address Longworth House Office Bldg.		Amount of Each Disbursement this Period 718.62
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement volunteer gifts Candidate Name	001 Category/Type	VOLUNTEER GIFTS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1437.57
TOTAL 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)

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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)

A. US Senate Gift Shop

Mailing Address Dirksen Senate Office Building

City Washington State DC Zip Code 20510-

 Purpose of Disbursement
overhead

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70114.E4304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Amount of Each Disbursement this Period

720.50

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

OVERHEAD

Full Name (Last, First, Middle Initial)

B. Verizon Communication

Mailing Address 1300 I Street

City Washington State DC Zip Code 20005-

 Purpose of Disbursement
cellular service

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70114.E4315

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	6

Amount of Each Disbursement this Period

181.61

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

CELLULAR SERVICE

Full Name (Last, First, Middle Initial)

C. Walco

Mailing Address 4393 B Victory Dr.

City Columbus State GA Zip Code 31903-

 Purpose of Disbursement
campaign materials

Candidate Name

 006
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70114.E4316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	6

Amount of Each Disbursement this Period

5061.10

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

CAMPAIGN MATERIALS
SUBTOTAL of Disbursements This Page (optional) ►

5963.21

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 20 / 21

<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)

A. Woodalls Gas

Mailing Address 1500 N Slappy Blvd.

City Albany State GA Zip Code 31701-

Purpose of Disbursement
gas

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70114.E4318

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

200.49

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

GAS

SUBTOTAL of Disbursements This Page (optional)

200.49

TOTAL This Period (last page this line number only)

40271.14

**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 21 / 21

<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

A. Full Name (Last, First, Middle Initial)
Ciro D Rodriguze for Congress

Mailing Address P. O. Box 14528

City San Antonio State TX Zip Code 78214-

Purpose of Disbursement
contribution

Candidate Name
CIRO D RODRIGUEZ

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 23

Transaction ID: 70114.E4271
Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
Fattah For Mayor

Mailing Address P. O. Box 41808

City Philadelphia State PA Zip Code 19101-

Purpose of Disbursement
contri. nonfed.

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70114.E4283
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00