

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

Westmoreland for Congress

ADDRESS (number and street) P.O. Box 458

Check if different than previously reported. (ACC)

Sharpsburg GA 30277

2. **FEC IDENTIFICATION NUMBER** C00387126

CITY STATE ZIP CODE STATE DISTRICT

GA 03

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 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 01 01 2008 through 03 31 2008

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 Ann Hand

Signature of Treasurer Electronically Filed by Ann Hand Date 04 15 2008

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

Office Use Only										FEC FORM 3 (Revised 02/2003)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	52949.00	418426.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52949.00	416676.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	44882.43	223827.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	1978.00	2047.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42904.43	221779.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	549347.00	
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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Westmoreland for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

26865.00

223805.00

(ii) Unitemized.....

5334.00

16221.00

(iii) TOTAL of contributions

32199.00

240026.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

20750.00

178400.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

52949.00

418426.00

(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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

1978.00

2047.97

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

54927.00

420473.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44882.43	223827.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	10000.00	126000.00
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	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1750.00
21. OTHER DISBURSEMENTS.....	4300.00	36800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59182.43	388377.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	553602.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	54927.00
25. SUBTOTAL (add Line 23 and Line 24).....	608529.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59182.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	549347.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 61
(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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Steve Adams

Mailing Address PO Box 624

City State Zip Code
Carrollton GA 30112-0012

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

Name of Employer Occupation
West GA Ambulance, Inc. Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80406.C5857

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Gordon Austin

Mailing Address 819 Dixie St

City State Zip Code
Carrollton GA 30117-4415

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 80131.C5735

Amount of Each Receipt this Period
230.00

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

C.

Full Name (Last, First, Middle Initial)
Gordon Austin

Mailing Address 819 Dixie St

City State Zip Code
Carrollton GA 30117-4415

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5818

Amount of Each Receipt this Period
230.00

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

SUBTOTAL of Receipts This Page (optional) ► **1460.00**

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 / 61
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Meredith Austin

Mailing Address 819 Dixie St

City State Zip Code
Carrollton GA 30117-4415

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

Name of Employer Occupation
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 80131.C5736

Amount of Each Receipt this Period
230.00

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

B. Full Name (Last, First, Middle Initial)
Gregory Auten

Mailing Address PO Box 5149

City State Zip Code
Columbus GA 31906-0149

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

Name of Employer Occupation
Auten Properties Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5797

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Don Barnette

Mailing Address PO Box 397

City State Zip Code
Forest Park GA 30298-0397

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

Name of Employer Occupation
Market Grocery Co. President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 80406.C5741

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) ► **830.00**

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 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Donald Bass

Mailing Address PO Box 2208

City State Zip Code
Newnan GA 30264-2208

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5779

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Cynthia Bowers

Mailing Address 1205 Stuart Rdg

City State Zip Code
Alpharetta GA 30022-6364

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5816

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Ted Brown

Mailing Address 455 N Jeff Davis Dr

City State Zip Code
Fayetteville GA 30214-1629

FEC ID number of contributing federal political committee. C

Name of Employer Brown, Nelms and Co. Occupation CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 18 / 2008

Transaction ID: 80406.C5837

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

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 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Terry Chappell

Mailing Address 8940 Heiferhorn Ct

City Columbus State GA Zip Code 31904-1262

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5806

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)
Brad Cole

Mailing Address 2550 Lovvorn Road

City Carrollton State GA Zip Code 30117

FEC ID number of contributing federal political committee. C

Name of Employer Brad Cole Construction Co. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5805

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)
Ken Davis

Mailing Address 2057 W Grantville Rd

City Grantville State GA Zip Code 30220-1636

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5810

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 9 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Anne Eldridge</p> <p>Mailing Address 3886 Northside Dr NW</p> <p>City State Zip Code Atlanta GA 30342-4044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Lumber Company</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p>	<p>Date of Receipt 02 / 21 / 2008</p> <p>Transaction ID: 80406.C5764</p> <p>Amount of Each Receipt this Period 350.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Clarence Finleyson</p> <p>Mailing Address 100 N Ole Hickory Trl</p> <p>City State Zip Code Carrollton GA 30117-3509</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None</p> <p>Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 18 / 2008</p> <p>Transaction ID: 80406.C5839</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) W. Lee Gaines</p> <p>Mailing Address 6 Bowen Mill Rd</p> <p>City State Zip Code Baltimore MD 21212-1053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gaines & Co.</p> <p>Occupation Computer Tech</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 04 / 2008</p> <p>Transaction ID: 80406.C5811</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1850.00
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 10 / 61
(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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Susan Greene

Mailing Address 121 Waterford Pl

City State Zip Code
Macon GA 31210-3075

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

Name of Employer Occupation
Forest Hills UMC Business Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 18 / 2008

Transaction ID: 80406.C5832

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Charles Hudson

Mailing Address PO Box 1148

City State Zip Code
Lagrange GA 30241-0022

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

Name of Employer Occupation
Hamond, Hudson & Holder, Inc. Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 80406.C5766

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)
Ernest Jakins

Mailing Address 155 N Highway 113

City State Zip Code
Carrollton GA 30117-7501

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

Name of Employer Occupation
Carroll EMC President and CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5815

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Leston Juneau

Mailing Address 406 Mount Paran Rd NW

City Atlanta State GA Zip Code 30327-3503

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

Name of Employer Juneau Construction Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80406.C5868
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Leston Juneau

Mailing Address 406 Mount Paran Rd NW

City Atlanta State GA Zip Code 30327-3503

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

Name of Employer Juneau Construction Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80406.C5867
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Juneau

Mailing Address 406 Mount Paran Rd NW

City Atlanta State GA Zip Code 30327-3503

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

Name of Employer Juneau Construction Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80406.C5870
 Amount of Each Receipt this Period 400.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 12 / 61
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Mary Lynn Kirby

Mailing Address 115 Stanley Oaks Pl

City Fayetteville State GA Zip Code 30214-1282

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5798

Amount of Each Receipt this Period: 100.00

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

250.00

B. Full Name (Last, First, Middle Initial)
Bill Liscinski

Mailing Address 230 Mary Lynn Ln

City Fayetteville State GA Zip Code 30214-1158

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

Name of Employer Lassiter Properties Inc. Occupation Forester

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 80406.C5760

Amount of Each Receipt this Period: 1000.00

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

1000.00

C. Full Name (Last, First, Middle Initial)
Wayne Livingston

Mailing Address 217 Ashford Cir

City Lagrange State GA Zip Code 30240-8839

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

Name of Employer Diverse Power Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: MM / DD / YYYY
03 / 18 / 2008

Transaction ID: 80406.C5834

Amount of Each Receipt this Period: 500.00

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

500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 13 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Richard Mallory</p> <p>Mailing Address 302 Victoria Pointe</p> <p>City State Zip Code Lagrange GA 30240-6301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mallory Agency</p> <p>Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 225.00</p>	<p>Date of Receipt 03 / 18 / 2008</p> <p>Transaction ID: 80406.C5831</p> <p>Amount of Each Receipt this Period 225.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Aaron McWhorter</p> <p>Mailing Address 1487 Black Dirt Rd</p> <p>City State Zip Code Whitesburg GA 30185-2723</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer North Georgia Turf</p> <p>Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 31 / 2008</p> <p>Transaction ID: 80406.C5863</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) James Morgan</p> <p>Mailing Address 166 Wynbrooke Dr</p> <p>City State Zip Code Carrollton GA 30116-6487</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Morgan Oil Company</p> <p>Occupation Petroleum jobber</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 31 / 2008</p> <p>Transaction ID: 80406.C5856</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

SUBTOTAL of Receipts This Page (optional)	1725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Norman Phillips

Mailing Address 71 N Windsail Pl

City State Zip Code
Spring TX 77381-3324

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

Name of Employer Occupation
Equistar Chemicals Business Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5807

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Reeve

Mailing Address 344 W Club Dr

City State Zip Code
Carrollton GA 30117-4163

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

Name of Employer Occupation
Carrollton Surgical Group, P.A. Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80406.C5853

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Tom Richards

Mailing Address 110 N Ole Hickory Trl

City State Zip Code
Carrollton GA 30117-3509

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

Name of Employer Occupation
T.Richards Mortgaging Services President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: 80406.C5767

Amount of Each Receipt this Period
1000.00

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

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

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 15 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
David Richardson

Mailing Address 300 Bledsoe St Apt B4

City State Zip Code
Carrollton GA 30117-4058

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 8

Transaction ID: 80406.C5772

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Robinson

Mailing Address 506 Tuxedo Ln

City State Zip Code
Peachtree City GA 30269-4070

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

Name of Employer First American Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 8

Transaction ID: 80406.C5871

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Ryan

Mailing Address PO Box 967

City State Zip Code
Jackson GA 30233-0021

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

Name of Employer Atlanta South 75, Inc. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: 80406.C5809

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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: (check only one)	PAGE 16 / 61
	<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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Phillip Seay	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 50 Harbor Vw	Transaction ID: 80406.C5759
	City State Zip Code Newnan GA 30263-7009	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Seay Brothers Properties Owner	
Receipt For: 2008 <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) Jana Seeman	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 101 Hickory Chase	Transaction ID: 80406.C5858
	City State Zip Code Carrollton GA 30117-3500	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Housewife	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Joe Stone	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 202 Hickory Chase	Transaction ID: 80406.C5861
	City State Zip Code Carrollton GA 30117-3529	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Systems and Methods, Inc. Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 17 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Robert Stone

Mailing Address PO Box 830

City State Zip Code
Carrollton GA 30112-0016

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80406.C5860

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robyn Stone

Mailing Address 1471 Horsley Mill Rd

City State Zip Code
Carrollton GA 30116-6050

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

Name of Employer Occupation
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80406.C5854

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Cindy Thompson

Mailing Address 1086 Industrial Blvd N

City State Zip Code
Dallas GA 30132-2454

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

Name of Employer Occupation
Thompson Grading, Inc. Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: 80406.C5808

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Philip Tomlinson
Mailing Address 1600 First Avenue
City Columbus State GA Zip Code 31904
FEC ID number of contributing federal political committee. **C**
Name of Employer TSYS Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 04 / 2008
Transaction ID: 80406.C5813
Amount of Each Receipt this Period 300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Philip Tomlinson
Mailing Address 1600 First Avenue
City Columbus State GA Zip Code 31904
FEC ID number of contributing federal political committee. **C**
Name of Employer TSYS Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00
Date of Receipt 03 / 04 / 2008
Transaction ID: 80406.C5814
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)
William Turner
Mailing Address PO Box 140
City Columbus State GA Zip Code 31902-0140
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00
Date of Receipt 02 / 21 / 2008
Transaction ID: 80406.C5770
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) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Larry Warnock

Mailing Address 303 Smoke Rise Dr

City Warner Robins State GA Zip Code 31088-6566

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

Name of Employer BRY-MEL Homes, Inc. Occupation Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2008
Transaction ID: 80406.C5833
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Frank Wingate

Mailing Address PO Box 2728

City Alpharetta State GA Zip Code 30023-2728

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

Name of Employer HiTech Partners LLC Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 03 / 01 / 2008
Transaction ID: 80406.C5817
 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)
Peter Worthy

Mailing Address 129 Ole Hickory Trail

City Carrollton State GA Zip Code 30117

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80406.C5859
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ► 26865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
AFLAC, Inc. PAC

Mailing Address 1932 Wynnton Road Attn Bill Dudley
Attn: Bill Dudley

City Columbus State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: 80406.C5785

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th St NW Ste 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80406.C5865

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 50 Beale Street
P.O. Box 193965

City San Francisco State CA Zip Code 94119

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 8 / 2 0 0 8

Transaction ID: 80406.C5838

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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 21 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Lynn Smith
Mailing Address 8 Evergreen Dr
City Newnan State GA Zip Code 30263-1121
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00
Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8
Transaction ID: 80406.C5740
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ECOLAB, Inc. PAC
Mailing Address 370 Wabasha St N
City Saint Paul State MN Zip Code 55102-1323
FEC ID number of contributing federal political committee. **C** C00101485
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8
Transaction ID: 80406.C5835
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Electrical Construction PAC
Mailing Address 3 Bethesda Metro Ctr
City Bethesda State MD Zip Code 20814-5330
FEC ID number of contributing federal political committee. **C** C00113811
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
9000.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8
Transaction ID: 80406.C5782
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**
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 22 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Georgia Power Company PAC

Mailing Address 241 Ralph McGill Blvd NE
Bin 10230

City Atlanta State GA Zip Code 30308-3374

FEC ID number of contributing federal political committee. **C** C00119776

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: 80406.C5783

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Guard and Reserve PAC

Mailing Address PO Box 442168

City Fort Washington State MD Zip Code 20749-2168

FEC ID number of contributing federal political committee. **C** C00443473

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80406.C5855

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
National Funeral Directors Assoc. PAC

Mailing Address 13625 Bishops Dr

City Brookfield State WI Zip Code 53005-6600

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80406.C5864

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 23 / 61
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
National Roofing Association PAC

Mailing Address 10225 W. Higgins Rd No. 600
Attn: Craig S. Brightup

City State Zip Code
Des Plaines IL 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: 80406.C5780

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Oral and Maxillofacial Surgery PAC

Mailing Address 9700 Bryn Mawr Ave

City State Zip Code
Rosemont IL 60018-5701

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80406.C5866

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
PHCC - PAC

Mailing Address 160 S Washington St

City State Zip Code
Falls Church VA 22046-2919

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80406.C5862

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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 24 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

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

Mailing Address 430 N Michigan Ave

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 1 / 2 0 0 8

Transaction ID: 80406.C5744

Amount of Each Receipt this Period
3000.00

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

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

Mailing Address 430 N Michigan Ave

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: 80406.C5781

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 55 Glenlake Pkwy NE
Attn: Clifford L. Hinds

City State Zip Code
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 8

Transaction ID: 80406.C5784

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

TOTAL This Period (last page this line number only) ► **20750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 61	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
The Congressional Institute

Mailing Address 401 Wythe St

City State Zip Code
Alexandria VA 22314-1927

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1978.00

Date of Receipt

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

Transaction ID: 80406.C5743

Amount of Each Receipt this Period
1978.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1978.00
TOTAL This Period (last page this line number only)	▶	1978.00

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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Accurate Word, LLC

Mailing Address PO Box 1765

City State Zip Code
White Plains MD 20695-1765

Purpose of Disbursement
Letterhead & Envelopes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80121.E2526
Date of Disbursement

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

Amount of Each Disbursement this Period

1397.25

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

LETTERHEAD & ENVELOPES

B.

Full Name (Last, First, Middle Initial)
ADP Easypay Atlanta

Mailing Address 5680 New Northside Dr NW

City State Zip Code
Atlanta GA 30328-4668

Purpose of Disbursement
Payroll Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2567
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	8

Amount of Each Disbursement this Period

87.69

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

PAYROLL EXPENSES

C.

Full Name (Last, First, Middle Initial)
ADP Easypay Atlanta

Mailing Address 5680 New Northside Dr NW

City State Zip Code
Atlanta GA 30328-4668

Purpose of Disbursement
Payroll Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2568
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Amount of Each Disbursement this Period

49.30

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

PAYROLL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ►

1534.24

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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
ADP Easypay Atlanta

Transaction ID: 80406.E2570
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	8	

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

82.25

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
ADP Easypay Atlanta

Transaction ID: 80406.E2592
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	8	

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

85.60

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

PAYROLL EXPENSES

C.

Full Name (Last, First, Middle Initial)
ADP Easypay Atlanta

Transaction ID: 80406.E2593
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

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

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

120.99

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

288.84

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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 80414.E2658 Date of Disbursement 03 / 05 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 87.69
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL EXPENSES
	Purpose of Disbursement Payroll Expenses 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) ▼

B.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 80414.E2659 Date of Disbursement 03 / 31 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 120.97
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
	Purpose of Disbursement Payroll Taxes 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) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80406.E2545 Date of Disbursement 01 / 02 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 42.59
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRANSACTION FEES
	Purpose of Disbursement Transaction Fees 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) ▼

SUBTOTAL of Disbursements This Page (optional)	251.25
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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 80406.E2588
Date of Disbursement

Mailing Address PO Box 53852

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

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

4.50

Purpose of Disbursement
Transaction Fees
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

TRANSACTION FEES

B.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 80406.E2589
Date of Disbursement

Mailing Address PO Box 53852

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

5.95

Purpose of Disbursement
Transaction Fees
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

TRANSACTION FEES

C.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 80406.E2590
Date of Disbursement

Mailing Address PO Box 53852

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	8

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.95

Purpose of Disbursement
Transaction Fees
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

TRANSACTION FEES

SUBTOTAL of Disbursements This Page (optional) ▶

13.40

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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80406.E2591 Date of Disbursement 02 / 06 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 5.00
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TRANSACTION FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80414.E2654 Date of Disbursement 03 / 03 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 5.95
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TRANSACTION FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80414.E2653 Date of Disbursement 03 / 03 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TRANSACTION FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	15.45
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80414.E2655 Date of Disbursement 03 / 05 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 14.60
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees Candidate Name	Category/ Type
	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 FEES

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 80414.E2656 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 7.00
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees Candidate Name	Category/ Type
	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 FEES

C.	Full Name (Last, First, Middle Initial) Aristotle	Transaction ID: 80406.E2551 Date of Disbursement 01 / 24 / 2008
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 2247.00
	City Washington State DC Zip Code 20003-1164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Candidate Name	Category/ Type
	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) ▼
		SOFTWARE

SUBTOTAL of Disbursements This Page (optional)	▶	2268.60
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)

<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)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80414.E2660 Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 40.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRANSACTION FEES</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80121.E2528 Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 111.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2571 Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 115.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>

SUBTOTAL of Disbursements This Page (optional)	267.70
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: 80406.E2598 Date of Disbursement 03 / 08 / 2008
	Mailing Address 5565 Glenridge Connector NE	Amount of Each Disbursement this Period 112.17
	City Atlanta State GA Zip Code 30342-4756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 80121.E2529 Date of Disbursement 01 / 01 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 3033.99
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Atlanta Cellular Services	Transaction ID: 80121.E2535 Date of Disbursement 01 / 01 / 2008
	Mailing Address 3636 Dallas Hwy SW Ste 302	Amount of Each Disbursement this Period 26.49
	City Marietta State GA Zip Code 30064-5918	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3146.16
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

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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
BLT Steakhouse

Mailing Address 1625 I St NW

City Washington State DC Zip Code 20006-4061

Purpose of Disbursement Meeting Expense
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80121.E2532
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)
CrystalTech Web Hosting

Mailing Address 1125 W Pinnacle Peak Rd Ste 103 Suite 103

City Phoenix State AZ Zip Code 85027-1368

Purpose of Disbursement Web Hosting
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80121.E2536
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: WEB HOSTING

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445-

Purpose of Disbursement Office Supplies
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80121.E2537
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

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)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial) The Palm Restaurant Mailing Address 3391 Peachtree Rd NE City Atlanta State GA Zip Code 30326-1083 Purpose of Disbursement Event Catering 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: 80121.E2534 Date of Disbursement 01 / 01 / 2008
	Amount of Each Disbursement this Period 2276.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING

B. Full Name (Last, First, Middle Initial) Sprayberrys BBQ Mailing Address 229 Jackson St City Newnan State GA Zip Code 30263-1156 Purpose of Disbursement Meeting Expense 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: 80121.E2533 Date of Disbursement 01 / 01 / 2008
	Amount of Each Disbursement this Period 41.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE

C. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 6545 Highway 54 City Sharpsburg State GA Zip Code 30277-6909 Purpose of Disbursement Postage 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: 80121.E2530 Date of Disbursement 01 / 01 / 2008
	Amount of Each Disbursement this Period 177.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 80406.E2549 Date of Disbursement 01 / 24 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 2322.18
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below	
	Candidate Name	Category/Type
	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

B.	Full Name (Last, First, Middle Initial) Atlanta Cellular Services	Transaction ID: 80406.E2557 Date of Disbursement 01 / 24 / 2008
	Mailing Address 3636 Dallas Hwy SW Ste 302	Amount of Each Disbursement this Period 23.31
	City Marietta State GA Zip Code 30064-5918	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone	
	Candidate Name	Category/Type
	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: CELL PHONE

C.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 80406.E2559 Date of Disbursement 01 / 24 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 40.00
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Annual Fee	
	Candidate Name	Category/Type
	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: ANNUAL FEE

SUBTOTAL of Disbursements This Page (optional)	2322.18
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 80406.E2563 Date of Disbursement 01 / 24 / 2008
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103 Suite 103	Amount of Each Disbursement this Period 26.95
	City Phoenix State AZ Zip Code 85027-1368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Candidate Name	[MEMO ITEM] MEMO: WEB HOSTING
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 80406.E2558 Date of Disbursement 01 / 24 / 2008
	Mailing Address Hartsfield Intl Airport	Amount of Each Disbursement this Period 208.80
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	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) ▼	

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80406.E2562 Date of Disbursement 01 / 24 / 2008
	Mailing Address 262 Robert C Daniels Jr Pkwy	Amount of Each Disbursement this Period 21.62
	City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	[MEMO ITEM] MEMO: SHIPPING
	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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Fogo de Chao Churrascaria

Mailing Address 1101 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2514

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2556

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

888.56

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

[MEMO ITEM]

MEMO: MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Sprayberrys BBQ

Mailing Address 229 Jackson St

City Newnan State GA Zip Code 30263-1156

Purpose of Disbursement

Meeting Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2561

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

46.72

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

[MEMO ITEM]

MEMO: MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement

Cell Phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2560

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

20.05

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

[MEMO ITEM]

MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Wal-Mart Stores, Inc.

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80406.E2564
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

262.50

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Bank of Coweta

Mailing Address PO Box 1218

City Newnan State GA Zip Code 30264-1218

Purpose of Disbursement
See Below
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80406.E2580
Date of Disbursement

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

Amount of Each Disbursement this Period

769.75

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
CrystalTech Web Hosting

Mailing Address 1125 W Pinnacle Peak Rd Ste 103 Suite 103

City Phoenix State AZ Zip Code 85027-1368

Purpose of Disbursement
Web Hosting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80409.E2649
Date of Disbursement

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

Amount of Each Disbursement this Period

26.95

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

[MEMO ITEM]

MEMO: WEB HOSTING

SUBTOTAL of Disbursements This Page (optional)

769.75

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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 80409.E2645 Date of Disbursement 02 / 18 / 2008
	Mailing Address Hartsfield Intl Airport	Amount of Each Disbursement this Period 274.20
	City Atlanta	State GA
	Zip Code 30309-	
	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Sprayberrys BBQ	Transaction ID: 80409.E2647 Date of Disbursement 02 / 18 / 2008
	Mailing Address 229 Jackson St	Amount of Each Disbursement this Period 121.86
	City Newnan	State GA
	Zip Code 30263-1156	
	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) U S House Members Dining Room	Transaction ID: 80409.E2648 Date of Disbursement 02 / 18 / 2008
	Mailing Address Washington DC	Amount of Each Disbursement this Period 97.92
	City Washington	State DC
	Zip Code 20001-	
	Purpose of Disbursement Meeting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 6545 Highway 54

City State Zip Code
Sharpsburg GA 30277-6909

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80409.E2646

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

49.58

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

[MEMO ITEM]

MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 660108

City State Zip Code
Dallas TX 75266-0108

Purpose of Disbursement

Cell Phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80409.E2650

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

165.72

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

[MEMO ITEM]

MEMO: CELL PHONE

C.

Full Name (Last, First, Middle Initial)
Bank of Coweta

Mailing Address PO Box 1218

City State Zip Code
Newnan GA 30264-1218

Purpose of Disbursement

See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2603

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

1268.40

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

1268.40

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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bobby Vans Steakhouse	Transaction ID: 80406.E2615 Date of Disbursement 03 / 18 / 2008
	Mailing Address 809 15th St NW	Amount of Each Disbursement this Period 36.25
	City Washington State DC Zip Code 20005-2203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE
	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) ▼	

B.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 80406.E2622 Date of Disbursement 03 / 18 / 2008
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103 Suite 103	Amount of Each Disbursement this Period 26.95
	City Phoenix State AZ Zip Code 85027-1368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Candidate Name	[MEMO ITEM] MEMO: WEB HOSTING
	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) ▼	

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80406.E2621 Date of Disbursement 03 / 18 / 2008
	Mailing Address 262 Robert C Daniels Jr Pkwy	Amount of Each Disbursement this Period 24.26
	City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	[MEMO ITEM] MEMO: SHIPPING
	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)	0.00
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 43 / 61

<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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Fogo de Chao Churrascaria	Transaction ID: 80406.E2618 Date of Disbursement 03 / 18 / 2008
	Mailing Address 1101 Pennsylvania Ave NW	Amount of Each Disbursement this Period 317.91
	City Washington State DC Zip Code 20004-2514	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Quik Trip (QT)	Transaction ID: 80406.E2632 Date of Disbursement 03 / 18 / 2008
	Mailing Address PO Box 3475	Amount of Each Disbursement this Period 33.54
	City Tulsa State OK Zip Code 74101-3475	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Auto Fuel Candidate Name	[MEMO ITEM] MEMO: AUTO FUEL
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Ruths Chris	Transaction ID: 80406.E2616 Date of Disbursement 03 / 18 / 2008
	Mailing Address 2231 Crystal Dr Lbby 11	Amount of Each Disbursement this Period 355.23
	City Arlington State VA Zip Code 22202-3729	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense Candidate Name	[MEMO ITEM] MEMO: MEETING EXPENSE
	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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: 80406.E2623 Date of Disbursement 03 / 18 / 2008
	Mailing Address PO Box 2463	Amount of Each Disbursement this Period 31.70
	City Houston State TX Zip Code 77252-2463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Auto Fuel	[MEMO ITEM] MEMO: AUTO FUEL
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80406.E2617 Date of Disbursement 03 / 18 / 2008
	Mailing Address 6545 Highway 54	Amount of Each Disbursement this Period 89.38
	City Sharpsburg State GA Zip Code 30277-6909	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	[MEMO ITEM] MEMO: POSTAGE
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 80406.E2544 Date of Disbursement 01 / 02 / 2008
	Mailing Address 5701 Lindero Canyon Rd # 3	Amount of Each Disbursement this Period 30.00
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees	TRANSACTION FEES
	Candidate Name	Category/Type
	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)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Merchant Bankcard	Full Name (Last, First, Middle Initial)	Transaction ID: 80406.E2587	
	Mailing Address 5701 Lindero Canyon Rd # 3	Date of Disbursement MM / DD / YYYY 02 / 01 / 2008	
	City Westlake Village State CA Zip Code 91362-4060	Amount of Each Disbursement this Period 30.00	
	Purpose of Disbursement Transaction Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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 FEES	

B. Merchant Bankcard	Full Name (Last, First, Middle Initial)	Transaction ID: 80414.E2657	
	Mailing Address 5701 Lindero Canyon Rd # 3	Date of Disbursement MM / DD / YYYY 03 / 03 / 2008	
	City Westlake Village State CA Zip Code 91362-4060	Amount of Each Disbursement this Period 40.42	
	Purpose of Disbursement Transaction Fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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 FEES	

C. Bellwether Consulting Group	Full Name (Last, First, Middle Initial)	Transaction ID: 80121.E2523	
	Mailing Address 1775 I St NW Ste 700	Date of Disbursement MM / DD / YYYY 01 / 01 / 2008	
	City Washington State DC Zip Code 20006-2416	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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) ▼	
		FUNDRAISING CONSULTING	

SUBTOTAL of Disbursements This Page (optional)	▶	1070.42
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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: 80406.E2550
Date of Disbursement

Mailing Address 1775 I St NW Ste 700

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	8

City Washington State DC Zip Code 20006-2416

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Fundraising Consulting

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) ▼

FUNDRAISING CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: 80406.E2574
Date of Disbursement

Mailing Address 1775 I St NW Ste 700

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

City Washington State DC Zip Code 20006-2416

Amount of Each Disbursement this Period

215.28

Purpose of Disbursement
Fundraising Consulting

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) ▼

FUNDRAISING CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: 80406.E2584
Date of Disbursement

Mailing Address 1775 I St NW Ste 700

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

City Washington State DC Zip Code 20006-2416

Amount of Each Disbursement this Period

1018.71

Purpose of Disbursement
Fundraising Consulting

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) ▼

FUNDRAISING CONSULTING

State: District:

SUBTOTAL of Disbursements This Page (optional)

2233.99

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)
Westmoreland for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2569</p> <p>Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2594</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brad Bohannon</p> <p>Mailing Address 70 Southfield Dr</p> <p>City Newnan State GA Zip Code 30265-1911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80415.E2662</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>

SUBTOTAL of Disbursements This Page (optional)	1385.25
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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Transaction ID: 80406.E2582
Date of Disbursement

Mailing Address 300 1st St SE

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

City Washington State DC Zip Code 20003-1801

Amount of Each Disbursement this Period

57.79

Purpose of Disbursement
Meeting Expense

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MEETING EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Transaction ID: 80406.E2601
Date of Disbursement

Mailing Address 300 1st St SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

City Washington State DC Zip Code 20003-1801

Amount of Each Disbursement this Period

107.08

Purpose of Disbursement
Meeting Expense

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MEETING EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)
The Congressional Institute

Transaction ID: 80121.E2527
Date of Disbursement

Mailing Address 401 Wythe St

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

City Alexandria State VA Zip Code 22314-1927

Amount of Each Disbursement this Period

1978.00

Purpose of Disbursement
Meeting Expense

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MEETING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

2142.87

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)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) Globe Telecommunications</p> <p>Mailing Address 30 S Court Sq</p> <p>City Newnan State GA Zip Code 30263-2049</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2546 Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 120.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p>B. Full Name (Last, First, Middle Initial) Globe Telecommunications</p> <p>Mailing Address 30 S Court Sq</p> <p>City Newnan State GA Zip Code 30263-2049</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2573 Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 115.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Globe Telecommunications</p> <p>Mailing Address 30 S Court Sq</p> <p>City Newnan State GA Zip Code 30263-2049</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2602 Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 115.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>

SUBTOTAL of Disbursements This Page (optional)	350.50
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Chip Lake	Transaction ID: 80406.E2595 Date of Disbursement 02 / 29 / 2008
	Mailing Address 769 Nob Ridge Dr	Amount of Each Disbursement this Period 230.87
	City Marietta State GA Zip Code 30064-5736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	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) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Chip Lake	Transaction ID: 80415.E2661 Date of Disbursement 03 / 31 / 2008
	Mailing Address 769 Nob Ridge Dr	Amount of Each Disbursement this Period 230.88
	City Marietta State GA Zip Code 30064-5736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	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) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) Phoenix Printers	Transaction ID: 80121.E2524 Date of Disbursement 01 / 01 / 2008
	Mailing Address 4115 Wisconsin Ave NW Ste 110	Amount of Each Disbursement this Period 162.64
	City Washington State DC Zip Code 20016-2849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	Category/Type
	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

SUBTOTAL of Disbursements This Page (optional)	▶	624.39
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 80406.E2555 Date of Disbursement
	Mailing Address PO Box 27048	<input type="text" value="02"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27611-7048	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="2000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DIRECT MAIL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 80406.E2576 Date of Disbursement
	Mailing Address PO Box 27048	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27611-7048	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="2000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DIRECT MAIL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 80406.E2605 Date of Disbursement
	Mailing Address PO Box 27048	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27611-7048	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="1000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DIRECT MAIL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Professional Data Services Mailing Address 337 S Milledge Ave Ste 101 City Athens State GA Zip Code 30605-1083 Purpose of Disbursement Compliance Consulting 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: 80121.E2521 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING
B.	Full Name (Last, First, Middle Initial) Professional Data Services Mailing Address 337 S Milledge Ave Ste 101 City Athens State GA Zip Code 30605-1083 Purpose of Disbursement Compliance Consulting 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: 80406.E2572 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING
C.	Full Name (Last, First, Middle Initial) Professional Data Services Mailing Address 337 S Milledge Ave Ste 101 City Athens State GA Zip Code 30605-1083 Purpose of Disbursement Compliance Consulting 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: 80406.E2586 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPLIANCE CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial) Richard Petty Driving Experience Mailing Address 6022 Victory Ln City Concord State NC Zip Code 28027-2616 Purpose of Disbursement Fundraiser Site Deposit Candidate Name	Transaction ID: 80406.E2581 Date of Disbursement 02 / 19 / 2008
	Amount of Each Disbursement this Period 2559.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER SITE DEPOSIT
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

B. Full Name (Last, First, Middle Initial) Richard Petty Driving Experience Mailing Address 6022 Victory Ln City Concord State NC Zip Code 28027-2616 Purpose of Disbursement Fundraiser Site Deposit Candidate Name	Transaction ID: 80406.E2600 Date of Disbursement 03 / 10 / 2008
	Amount of Each Disbursement this Period 2559.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER SITE DEPOSIT
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

C. Full Name (Last, First, Middle Initial) SCM Associates, Inc. Mailing Address P.O. Box 720 City Jaffrey State NH Zip Code 03452-0720 Purpose of Disbursement Direct Mail Candidate Name	Transaction ID: 80406.E2577 Date of Disbursement 02 / 15 / 2008
	Amount of Each Disbursement this Period 2803.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL
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

SUBTOTAL of Disbursements This Page (optional) ▶	7922.35
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)
Westmoreland for Congress

<p>A. Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address P.O. Box 720</p> <p>City Jaffrey State NH Zip Code 03452-0720</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2604 Date of Disbursement 03 / 18 / 2008</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>DIRECT MAIL</p>
<p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80121.E2522 Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 92.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80406.E2553 Date of Disbursement 01 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 67.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

909.59

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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80406.E2578 Date of Disbursement 02 / 15 / 2008
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 203.05
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80406.E2583 Date of Disbursement 03 / 04 / 2008
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 74.02
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80406.E2609 Date of Disbursement 03 / 31 / 2008
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 90.03
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	367.10
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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Willis Consulting	Transaction ID: 80121.E2525 Date of Disbursement 01 / 01 / 2008
	Mailing Address 3126 Bransford Rd	Amount of Each Disbursement this Period 2000.00
	City Augusta State GA Zip Code 30909-3008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	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) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) Willis Consulting	Transaction ID: 80406.E2575 Date of Disbursement 02 / 11 / 2008
	Mailing Address 3126 Bransford Rd	Amount of Each Disbursement this Period 2000.00
	City Augusta State GA Zip Code 30909-3008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	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) ▼
		FUNDRAISING CONSULTING

C.	Full Name (Last, First, Middle Initial) Willis Consulting	Transaction ID: 80406.E2585 Date of Disbursement 03 / 04 / 2008
	Mailing Address 3126 Bransford Rd	Amount of Each Disbursement this Period 2000.00
	City Augusta State GA Zip Code 30909-3008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	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) ▼
		FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	44682.43

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input checked="" 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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Comm.

Transaction ID: 80406.E2596

Date of Disbursement

Mailing Address 320 1st St SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Transfer of Excess Campaign Funds

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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

10000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 58 / 61

<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)
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Lou Barletta for Congress Mailing Address PO Box 128 City Hazleton State PA Zip Code 18201-0128 Purpose of Disbursement CONTRIBUTION Candidate Name LOUIS BARLETTA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80406.E2597 Date of Disbursement 03 / 06 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) CASA Mailing Address 100 W Harrison St Ste 500 City Seattle State WA Zip Code 98119-4116 Purpose of Disbursement DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80406.E2607 Date of Disbursement 03 / 26 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Georgia Christian Alliance Mailing Address 8975 Roswell Rd City Atlanta State GA Zip Code 30350-1849 Purpose of Disbursement DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80406.E2554 Date of Disbursement 01 / 24 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)
McCaul for Congress

Mailing Address 1415 Westover Rd

City Austin State TX Zip Code 78703-1909

Purpose of Disbursement CONTRIBUTION

Candidate Name MICHAEL MCCAUL

Office Sought: House Senate President

State: TX District: 10

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 80406.E2608
Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Newnan Jr. Service League

Mailing Address 6 1st Ave

City Newnan State GA Zip Code 30263-2774

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 80406.E2552
Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
Jim Oberweis for Congress

Mailing Address 335 N River St Ste 203

City Batavia State IL Zip Code 60510-2391

Purpose of Disbursement CONTRIBUTION

Candidate Name James D Oberweis

Office Sought: House Senate President

State: IL District: 14

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 80406.E2579
Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1800.00

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)

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

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NAME OF COMMITTEE (In Full)
Westmoreland for Congress

A. Full Name (Last, First, Middle Initial)
Pike Co. MLK Day Commission

Mailing Address PO Box 368

City Zebulon State GA Zip Code 30295-0368

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

B. Full Name (Last, First, Middle Initial)
United Men of Pike

Mailing Address PO Box 368

City Zebulon State GA Zip Code 30295-0368

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80406.E2548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

4300.00

Image# 28931142024

Form/Schedule: **F3N**
Transaction ID:

As of the close of books for this report we are waiting on receipt of a non presumptive redesignation letter.
All resulting activity will be reflected on our next report.
