

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED... CENTER 7003 AUG -6 A 8 50 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 13FE4M5

Hardaway Company Political Action Committee

ADDRESS (number and street) P.O. Box 1360 Columbus GA 31902-1360

2. FEC IDENTIFICATION NUMBER 000115154 CITY STATE ZIP CODE

3. IS THIS REPORT NEW OR AMENDED (N) OR (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) X July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convulsion (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01/01/2003 through 06/30/2003

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 Fred J. Dodelin

Signature of Treasurer [Signature] Date 07/31/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Hardaway Political Action Committee

Report Covering the Period:

From:

01/01/2003

To:

06/30/2003

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 2003

1,824.76

(b) Cash on Hand at
Beginning of Reporting Period

1,824.76

(c) Total Receipts (from Line 19)

0.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

0.00

7. Total Disbursements (from Line 31)

1,401.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

423.76

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

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Hardaway Political Action Committee

Report Covering the Period:

From:

01/01/2003

To:

06/30/2003

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A)

0.00

(ii) Unitemized

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

0.00

(b) Political Party Committees

0.00

(c) Other Political Committees

(such as PACs)

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

12. Transfers From Affiliated/Other

Party Committees

0.00

13. All Loans Received

0.00

14. Loan Repayments Received

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5)

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.)

0.00

18. Transfers From Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

(b) Levin Funds (from Schedule H5)

0.00

(c) Total Transfers (add 18(a) and 18(b))

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,350.00	1,350.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §4013(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements <i>Bank Service Charges</i>	51.00	51.00
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,401.00	1,401.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

iii. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
39. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
39. Total Contribution Refunds (from Line 29(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 39 from Line 32)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
36. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)

Hardaway Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

MM/DD/YYYY

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

CXXXXXXXXXX

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

MM/DD/YYYY

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

CXXXXXXXXXX

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

MM/DD/YYYY

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

CXXXXXXXXXX

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25 26
 27 28a 28b 29 30

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)

Hardaway Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chambliss For Senate Saxby Chambliss

Date of Disbursement

05 29 2003

Mailing Address

P.O. Box 12469

City

Atlanta

State

GA

Zip Code

30355

Purpose of Disbursement

2003 campaign team membership contribution

Amount of Each Disbursement this Period

100.00

Candidate Name

Saxby Chambliss

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: GA

District:

Full Name (Last, First, Middle Initial)

B. Chambliss For Senate Saxby Chambliss

Date of Disbursement

09 08 2003

Mailing Address

P.O. Box 12469

City

Atlanta

State

GA

Zip Code

30355

Purpose of Disbursement

Contribution

Amount of Each Disbursement this Period

750.00

Candidate Name

Saxby Chambliss

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: GA

District:

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Date of Disbursement

03 19 2003

Mailing Address

P.O. Box 35

City

Jonesboro

State

GA

Zip Code

30239

Purpose of Disbursement

Contribution

Amount of Each Disbursement this Period

500.00

Candidate Name

Mac Collins

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: GA

District:

SUBTOTAL of Disbursements This Page (optional) ▶

1,350.00

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

1,350.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF

FOR LINE 18 OF FORM 3X

NAME OF COMMITTEE (in full)
Hardaway Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial):
 Mailing Address:
 City: _____ State: _____ ZIP Code: _____

Election:
 Primary
 General
 Other (specify) _____

Original Amount of Loan: _____ Cumulative Payment To Date: _____ Balance Outstanding at Close of This Period: _____

TERMS Date Incurred: _____ Date Due: _____ Interest Rate: _____ Secured: Yes No
 Interest Rate: **1% (apr)**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial): Mailing Address: City: _____ State: _____ ZIP Code: _____	Name of Employer: Occupation: Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial): Mailing Address: City: _____ State: _____ ZIP Code: _____	Name of Employer: Occupation: Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial): Mailing Address: City: _____ State: _____ ZIP Code: _____	Name of Employer: Occupation: Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial): Mailing Address: City: _____ State: _____ ZIP Code: _____	Name of Employer: Occupation: Amount Guaranteed Outstanding: _____

SUBTOTALS This Period (This Page optional) ▶ \$ 0.00

TOTALS This Period (last page in this line only) ▶ \$ 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If on Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)
Hardaway Political Action Committee
FEC IDENTIFICATION NUMBER
C

LENDING INSTITUTION (LENDER)
Full Name
Amount of Loan
Interest Rate (APR)

Mailing Address
City State Zip Code
Date Incurred or Established
Date Due

A. Has loan been restructured? [] No [] Yes If yes, date originally incurred

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
[] No [] Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
[] No [] Yes If yes, specify:
What is the value of this collateral?
Does the lender have a perfected security interest in it? [] No [] Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? [] No [] Yes If yes, specify:
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
Date account established:
Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature
DATE

ii. Attach a signed copy of the loan agreement.
I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF
FOR LINE NUMBER:
(check only one) 9 10

NAME OF COMMITTEE (in Full)

Hardaway Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)			0.00
2) TOTALS This Period (last page this line number only)			0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			0.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) <u>Hardaway Political Action Committee</u>	FEC IDENTIFICATION NUMBER <u>C</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date _____ Amount _____
--	----------------------------------


Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date _____ Amount _____
--	----------------------------------

Purpose of Expenditure _____ Category/Type _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

(a) SUBTOTAL of Itemized Independent Expenditures	_____ _____ _____
(b) SUBTOTAL of Unitemized Independent Expenditures	_____ _____ _____
(c) TOTAL Independent Expenditures	_____ _____ _____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.


Fred J. Dodelin
Date 09 31 2003

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) Hardaway Political Action Committee	Check if 24-hour notice
---	-------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee.	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-31-03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>for</i> PREPARER	8-6-03 DATE PREPARED

(6/2000)

2003-08-08 10:00:00