

# 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

Committee to Re-Elect Denise Majette

ADDRESS (number and street) P.O. Box 2318

Check if different than previously reported. (ACC)

Stone Mountain GA 30086

2. FEC IDENTIFICATION NUMBER **C00373290**

CITY STATE ZIP CODE STATE DISTRICT

IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

GA 04

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 2003 through 03 31 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 Roger LeVine

Signature of Treasurer Electronically Filed by Roger LeVine Date 09 08 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee to Re-Elect Denise Majette

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	98308.03	141503.03
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98308.03	141503.03
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	69155.52	135557.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	247.07	247.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68908.45	135310.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>37098.79</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>90868.21</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Committee to Re-Elect Denise Majette

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	3

**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).....

26000.00

0.00

(ii) Unitemized.....

3082.87

0.00

(iii) TOTAL of contributions

29082.87

38127.87

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

69225.16

103375.16

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

98308.03

141503.03

(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.).....

247.07

247.07

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)..... ▶

98555.10

141750.10

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	69155.52	135557.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	79155.52	145557.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17699.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	98555.10
25. SUBTOTAL (add Line 23 and Line 24).....	116254.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79155.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	37098.79

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Ashenden

Mailing Address 4227 Sentinel Post Road NW

City Atlanta State GA Zip Code 30327

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

Name of Employer Ashenden, Flynn & Gottlieb Occupation Attorney

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
 Debt 2002Primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 3

**Transaction ID: C5986**

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas M. Boller

Mailing Address 1100 Spring St NW Ste 380

City Atlanta State GA Zip Code 30309-2854

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

Name of Employer AGL Resources Occupation Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID: C6037**

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kenneth W. Brosnahan

Mailing Address 828 Chelsea Park Drive

City Marietta State GA Zip Code 30068-2459

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

Name of Employer Self Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 3

**Transaction ID: C5991**

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 82
	<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy J. Buckley, III		Date of Receipt MM / DD / YYYY 02 / 20 / 2003
Mailing Address 2065 Castleway Ln NE		Transaction ID: C5940
City Atlanta State GA Zip Code 30345-4019	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Finley & Buckley Occupation Attorney	Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> L. Thomas Clements		Date of Receipt MM / DD / YYYY 02 / 26 / 2003
Mailing Address 175 Trinity Avenue SW		Transaction ID: C5989
City Atlanta State GA Zip Code 30303-3618	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Clements & Sweet PC Occupation Attorney	Receipt For: 200 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lance A. Cooper		Date of Receipt MM / DD / YYYY 03 / 31 / 2003
Mailing Address 701 Whitlock Ave SW		Transaction ID: C6089
City Marietta State GA Zip Code 30064-3033	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Cooper & Jones Occupation Attorney	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Lawrence E. Cooper</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003
Mailing Address 1150 Lake Hearn Drive NE Suite 650		<b>Transaction ID: C6055</b>
City State Zip Code Atlanta GA 30342-1522	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bentley Investments, Inc. Occupation CEO & President		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. David N. Dorough</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2003
Mailing Address 718 Sycamore Street		<b>Transaction ID: C5988</b>
City State Zip Code Decatur GA 30030-2060	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dorough & Dorough, LLC Occupation Lawyer		
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. William H. Edington</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2003
Mailing Address 1202 Essex Manor Ct		<b>Transaction ID: C5928</b>
City State Zip Code Alexandria VA 22308-1000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Edington, Peel & Associates Inc. Occupation Attorney		
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Boykin Edwards</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address 3951 Snapfinger Parkway Suite 345		Transaction ID: C5950
City Decatur State GA Zip Code 30035-3295	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Micah Fink</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 3
Mailing Address 1961 North Druid Hills Road NE Suite 203A		Transaction ID: C5926
City Atlanta State GA Zip Code 30329-1811	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Fink & Travis, Attorneys at Law Occupation Attorney		
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Harold Ford, Sr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 3
Mailing Address 10350 SW 220th St		Transaction ID: C5860
City Miami State FL Zip Code 33190-1588	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harold Ford & Company Occupation President		
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Harold Ford, Sr. Mailing Address 10350 SW 220th St City Miami State FL Zip Code 33190-1588 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 3 <b>Transaction ID: C5861</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harold Ford & Company Occupation President Receipt For: 2002 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sharon Gay Mailing Address 944 Euclid Ave NE City Atlanta State GA Zip Code 30307-2532 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 3 <b>Transaction ID: C6038</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McKenna, Long & Aldridge Occupation Attorney Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Gould Mailing Address 1880 Durand Mill Dr NE City Atlanta State GA Zip Code 30307-1170 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 3 <b>Transaction ID: C5937</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Witness Systems Occupation CEO Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Cynthia Hale		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3	
Mailing Address 1909 Sheldon Lane		Transaction ID: C5912	
City State Zip Code Conyers GA 30094-2079	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ray of Hope Church	Occupation Minister		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Howard I. Halpern		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 3	
Mailing Address 2194 Marietta Blvd NW		Transaction ID: C6066	
City State Zip Code Atlanta GA 30318-2122	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Buckhead Beef	Occupation CEO		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mark G. Hanson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3	
Mailing Address 1217 Oak Park Dr NE		Transaction ID: C5941	
City State Zip Code Atlanta GA 30306-2600	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Businessman		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Nancy N. Horne		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address 1475 Masters Club Drive		Transaction ID: C6049	
City Atlanta State GA Zip Code 30350-4440	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cable Television Association of Ge	Occupation President		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles T. Huddleston		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2003	
Mailing Address 1256 Pasadena Avenue NE		Transaction ID: C5936	
City Atlanta State GA Zip Code 30306-3118	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Arnall Golden Gregory, LLP	Occupation Attorney		
Receipt For: 200 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lasa Joiner		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address 1848 Breckenridge Dr NE		Transaction ID: C6054	
City Atlanta State GA Zip Code 30345-4006	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Home Depot	Occupation Executive		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Ernest Jones</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address 4634 Riveredge Cv		<b>Transaction ID: C6045</b>	
City State Zip Code Snellville GA 30039-6992	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Joe Tanner and Associates	Occupation Senior Associate		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. S. Kelly Jordan</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2003	
Mailing Address 420 Oakdale Road NE		<b>Transaction ID: C5945</b>	
City State Zip Code Atlanta GA 30307-2024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Conservationist		
Receipt For: 200 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Patricia Killingsworth</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2003	
Mailing Address 1017 Oxford Road NE		<b>Transaction ID: C5957</b>	
City State Zip Code Atlanta GA 30306-2605	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 200 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Roger F. Levine

Mailing Address 1716 Remington Road

City Atlanta State GA Zip Code 30341

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

Name of Employer Alogent Corporation Occupation Controller

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2003

**Transaction ID: C6071**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
James Larry McDaniel

Mailing Address 1 Renfroe Court

City Decatur State GA Zip Code 30030-2766

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

Name of Employer Trinity Title Insurance Agency Occupation President

Receipt For: 200  
 Primary  General  
 Other (specify) ▼ Debt 2002Primary

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2003

**Transaction ID: C5994**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mark M. Middleton

Mailing Address 4231 Quail Ridge Way

City Norcross State GA Zip Code 30092-1318

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

Name of Employer Self Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2003

**Transaction ID: C6043**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

<b>A.</b> Full Name (Last, First, Middle Initial) R. George Miller Mailing Address 968 Clifton Rd NE City Atlanta State GA Zip Code 30307-1226 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 3 <b>Transaction ID: C5958</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Occupation Real Estate Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

<b>B.</b> Full Name (Last, First, Middle Initial) Grant Morain Mailing Address 1429 Cortez Ln NE City Atlanta State GA Zip Code 30319-3909 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 3 <b>Transaction ID: C5987</b> Amount of Each Receipt this Period 750.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary		Election Cycle-to-Date ▼ 750.00

<b>C.</b> Full Name (Last, First, Middle Initial) H. Boyd Pettit Mailing Address 11 Mill Creek Dr City Cartersville State GA Zip Code 30120-2134 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 3 <b>Transaction ID: C6058</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

<b>A.</b> Full Name (Last, First, Middle Initial) Gerri C. Phillips		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address 4296 Memorial Drive Suite A		<b>Transaction ID:</b> C5942
City Decatur State GA Zip Code 30032-1227	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 200 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Marvin Price		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 3
Mailing Address 127 Peachtree St NE Ste 302		<b>Transaction ID:</b> C5996
City Atlanta State GA Zip Code 30303-1800	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Bruce Q. Rado		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 3
Mailing Address 1185 Oakdale Rd NE		<b>Transaction ID:</b> C6027
City Atlanta State GA Zip Code 30307-1284	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Leica-Geosystems	Occupation Businessman	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Melody Z. Richardson

Mailing Address 1123 Empire Rd NE

City Atlanta State GA Zip Code 30329-3844

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

Name of Employer self Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 3

Transaction ID: C5938

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Calvin Rodwell

Mailing Address 5628 Silver Ridge Drive

City Stone Mountain State GA Zip Code 30087-2318

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

Name of Employer DBR Enterprises Occupation Consultant

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6035

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ann Rosenthal

Mailing Address 1750 Clairmont Rd Ste 30

City Decatur State GA Zip Code 30033-4047

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

Name of Employer Ann Rosenthal Consulting Occupation Political Consultant

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C6013

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Bobbie K. Sanford

Mailing Address 3489 Crestknoll Way

City State Zip Code  
Decatur GA 30032-6815

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

Name of Employer Occupation  
Sanford Realty Co. Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** C5949

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph A. Sports

Mailing Address 745 Sugar Creek Trail SE

City State Zip Code  
Conyers GA 30094-3809

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

Name of Employer Occupation  
Mirant Americas Inc. Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** C6053

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Stephens

Mailing Address 305 Equipment Ct

City State Zip Code  
Lawrenceville GA 30045-4480

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

Name of Employer Occupation  
John D. Stephens, Inc. Contractor

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C6047

Amount of Each Receipt this Period  
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Joe D. Tanner

Mailing Address 50 Hurt Plz SE Ste 930

City Atlanta State GA Zip Code 30303-2943

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

Name of Employer Joe Tanner & Associates Occupation President & CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2003

**Transaction ID: C6048**

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Brian W. Wertheim

Mailing Address 315 W Ponce De Leon Ave Ste 850

City Decatur State GA Zip Code 30030-2493

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

Name of Employer Self Occupation Attorney

Receipt For: 200  
 Primary  General  
 Other (specify) ▼ Debt 2002Primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 06 / 2003

**Transaction ID: C5997**

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven Allen Westby

Mailing Address 4018 Ashentree Dr

City Chamblee State GA Zip Code 30341-1405

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

Name of Employer Hamilton and Westby Occupation Attorney

Receipt For: 200  
 Primary  General  
 Other (specify) ▼ Debt 2002Primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 21 / 2003

**Transaction ID: C5959**

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Bonny Berry Wilder

Mailing Address 4294 Memorial Dr Ste C  
Park Plaza

City State Zip Code  
Decatur GA 30032-1226

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2003

Transaction ID: C6015

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Betty Willis

Mailing Address 2614 Danforth Ln

City State Zip Code  
Decatur GA 30033-2213

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

Name of Employer Occupation  
Emory University Government Relations Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2003

Transaction ID: C5993

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dillard & Galloway LLC

Mailing Address 3414 Peachtree Rd NE  
1500 Monarch Plaza

City State Zip Code  
Atlanta GA 30326-1169

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2003

Transaction ID: C6026

Amount of Each Receipt this Period  
500.00

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

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
G. Douglas Dillard

Mailing Address 3414 Peachtree Rd NE Ste 1500

City Atlanta State GA Zip Code 30326-1114

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

Name of Employer Dillard & Galloway LLC Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2003

Transaction ID: C6025

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Eastman & Apolinsky LLP

Mailing Address Watkins Building

City Decatur State GA Zip Code 30030

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2003

Transaction ID: C5960

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**PARTNERSHIP--partners below if itemized**

**C.** Full Name (Last, First, Middle Initial)  
Stephen D. Apolinsky

Mailing Address 114 E Ponce De Leon Ave  
The Watkins Building

City Decatur State GA Zip Code 30030-2526

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

Name of Employer Eastman-Apolinsky, LLP Occupation Lawyer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2003

Transaction ID: C5961

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 82
	(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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Martenson, Hasbrouck & Simon LLP

Mailing Address 100 Galleria Parkway NW  
Suite 1500

City Atlanta State GA Zip Code 30339

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

Name of Employer Occupation

Receipt For:  Primary  General  
 Other (specify) ▼  
Debt Primary

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C5946

Amount of Each Receipt this Period  
250.00

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

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Peter V. Hasbrouck

Mailing Address 100 Galleria Parkway NW  
Suite 1500

City Atlanta State GA Zip Code 30339

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

Name of Employer Self Occupation Attorney

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
Debt 2002Primary

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C5947

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

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

Mailing Address 1300 Pennsylvania Ave. NW  
Suite 300

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
 Debt 2002Primary

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 3

**Transaction ID:** C6132

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
AFL-CIO COPE PAC

Mailing Address 815 Sixteenth Street NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
 Debt 2002Primary

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 3

**Transaction ID:** C5858

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AFL-CIO COPE PAC

Mailing Address 815 Sixteenth Street NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

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

**Transaction ID:** C6091

Amount of Each Receipt this Period  
2000.00

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

\$2,500 rcvd 1/15/03 for '02 debt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. AFL-CIO National Maritime Committee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003
Mailing Address 1150 17th Street NW Suite 700		<b>Transaction ID: C6064</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00286401		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AGL Resources Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2003
Mailing Address P.O. Box 4569		<b>Transaction ID: C5931</b>
City Atlanta	State GA	Zip Code 30302
FEC ID number of contributing federal political committee. <b>C</b> C00145037		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Air Line Pilots Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2003
Mailing Address 1625 Massachusetts Avenue NW		<b>Transaction ID: C5859</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00035451		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. ALTRIA Group PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2003
Mailing Address 120 Park Avenue		<b>Transaction ID: C6088</b>
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. <b>C C00089136</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. American Association of Nurse Anesthetists</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2003
Mailing Address The Capitol Hill Office Building 412 First Street, SE		<b>Transaction ID: C5930</b>
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C C00173153</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. American Dental PAC</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2003
Mailing Address 1111 14th Street NW Suite 100		<b>Transaction ID: C6063</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C C00000729</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. American Federation of Government Employees</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2003
Mailing Address 80 F Street NW		<b>Transaction ID: C6070</b>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C C00009936</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. ATLA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2003
Mailing Address 1050 31st St. NW		<b>Transaction ID: C6017</b>
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C C00024521</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. BellSouth FED-PAC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2003
Mailing Address 1025 Lenox Park Blvd. 6B648		<b>Transaction ID: C5932</b>
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. <b>C C00174060</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Boilermakers-Blacksmiths LEAP PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2003
Mailing Address 753 State Avenue Suite 565		<b>Transaction ID:</b> C6011
City State Zip Code Kansas City KS 66101-2511	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00005157		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Boilermakers-Blacksmiths LEAP PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2003
Mailing Address 753 State Avenue Suite 565		<b>Transaction ID:</b> C6019
City State Zip Code Kansas City KS 66101-2511	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00005157		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Brotherhood of Locomotive Engineers		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2003
Mailing Address 1370 Ontario Street		<b>Transaction ID:</b> C6028
City State Zip Code Cleveland OH 44113-1702	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00099234		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Coca-Cola Company Non-Partisan Committee

Mailing Address P.O. Box 1734

City Atlanta State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** C5929

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Coca-Cola Enterprises PAC

Mailing Address 2500 Windy Ridge Parkway

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00250134

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** C6031

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 2400 Pleasant Hill Rd.  
Suite 300

City Duluth State GA Zip Code 30096

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1548.18

Date of Receipt  

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

**Transaction ID:** C6121

Amount of Each Receipt this Period  
83.33

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

\* In-Kind: Event facility rental

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2083.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 2400 Pleasant Hill Rd.  
Suite 300

City State Zip Code  
Duluth GA 30096

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1548.18

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2003

**Transaction ID:** C6122

Amount of Each Receipt this Period  
464.85

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

\* In-Kind: Catering for event

**B.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 2400 Pleasant Hill Rd.  
Suite 300

City State Zip Code  
Duluth GA 30096

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1548.18

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2003

**Transaction ID:** C6044

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee

Mailing Address 8400 Westpark Dr.

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2003

**Transaction ID:** C6052

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2464.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 82
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)  
Committee to Re-Elect Denise Majette

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

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320-6001

FEC ID number of contributing federal political committee. **C** C00076133

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 2 7 / 2 0 0 3

**Transaction ID:** C5875

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address P.O. Box 4081

City Atlanta State GA Zip Code 30302

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C6042

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Electric PAC

Mailing Address 1299 Pennsylvania Ave NW  
1100 West

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 9 / 2 0 0 3

**Transaction ID:** C6020

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

<b>A.</b> Full Name (Last, First, Middle Initial) Georgia Power Company Federal PAC Mailing Address 241 Ralph McGill Blvd. NE City Atlanta State GA Zip Code 30308 FEC ID number of contributing federal political committee. <b>C</b> C00119776 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C6056 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	3	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	3														
2000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Georgia-Pacific Employees Fund Mailing Address 1120 G Street NW Suite 1050 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00028670 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C6046 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	3	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	3														
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Household International, Inc. PAC Mailing Address 2700 Sanders Rd. City Prospect Heights State IL Zip Code 60070 FEC ID number of contributing federal political committee. <b>C</b> C00033423 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C5995 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	3	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	3														
500.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> Human Rights Campaign PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003
Mailing Address 919 18th St. Suite 800		Transaction ID: C6061
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 4975.00	
FEC ID number of contributing federal political committee. <b>C</b> C00235853		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 4975.00	

Full Name (Last, First, Middle Initial) <b>B.</b> IBEW Committee on Political Education PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2003
Mailing Address 1125 15th Street NW		Transaction ID: C5876
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00027342		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> IBEW Committee on Political Education PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003
Mailing Address 1125 15th Street NW		Transaction ID: C6062
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00027342		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	12475.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. International Assoc. of Fire Fighters</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2003	
Mailing Address 1750 New York Avenue NW		<b>Transaction ID: C6095</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00029447</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. International Union Operating Engineers</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2003	
Mailing Address 1125 17th St. NW		<b>Transaction ID: C5921</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00279737</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Investment Management PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address 1401 H Street NW		<b>Transaction ID: C6065</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00105981</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> King & Spalding Nonpartisan Committee For Good Gov Mailing Address 191 Peachtree Street City Atlanta State GA Zip Code 30303 FEC ID number of contributing federal political committee. <b>C</b> C00204453 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2201.98		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2003 Transaction ID: C6024 Amount of Each Receipt this Period 370.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Staff to coordinate event
---	--	--

Full Name (Last, First, Middle Initial) <b>B.</b> King & Spalding Nonpartisan Committee For Good Gov Mailing Address 191 Peachtree Street City Atlanta State GA Zip Code 30303 FEC ID number of contributing federal political committee. <b>C</b> C00204453 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2201.98		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2003 Transaction ID: C6023 Amount of Each Receipt this Period 1831.98 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Food & beverages for event
---	--	--

Full Name (Last, First, Middle Initial) <b>C.</b> Lockheed Martin PAC Mailing Address 1725 Jefferson Davis Highway Crystal Square Two, Suite 300 City Arlington State VA Zip Code 22202 FEC ID number of contributing federal political committee. <b>C</b> C00303024 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2003 Transaction ID: C6005 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3201.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. National Beer Wholesalers Association</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address 1100 King Street Suite 600		<b>Transaction ID: C6059</b>	
City State Zip Code Alexandria VA 22314-2944		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. PAC of the American Bus Association</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2003	
Mailing Address 1100 New York Avenue NW Suite 1050		<b>Transaction ID: C6018</b>	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00004879		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Powell Goldstein Frazer &amp; Murphy PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2003	
Mailing Address Sixteenth Floor Ninety One Peachtree Street NE		<b>Transaction ID: C6051</b>	
City State Zip Code Atlanta GA 30303		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00218891		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

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

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2003

**Transaction ID:** C6036

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sierra Club PAC

Mailing Address 85 Second Street  
Second Floor

City State Zip Code  
San Francisco CA 94105-3441

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
Debt 2002Primary

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2003

**Transaction ID:** C5992

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
The Home Depot Inc. Better Government Committee

Mailing Address 2455 Paces Ferry Road NW  
Floor C-17

City State Zip Code  
Atlanta GA 30339-4024

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2003

**Transaction ID:** C6057

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Transport Workers Union of America PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3	
Mailing Address 1700 Broadway		<b>Transaction ID: C5911</b>	
City State Zip Code New York NY 10019-5905		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00008268</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Troutman Sanders LLP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 3	
Mailing Address 600 Peachtree Street, Suite 5200		<b>Transaction ID: C6010</b>	
City State Zip Code Atlanta GA 30308		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00311142</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. UAW Voluntary Community Action Program</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 3	
Mailing Address 8000 East Jefferson Ave.		<b>Transaction ID: C6029</b>	
City State Zip Code Detroit MI 48214		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00002840</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A.</b> UAW Voluntary Community Action Program		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2003	
Mailing Address 8000 East Jefferson Ave.		<b>Transaction ID:</b> C6030	
City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00002840		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> UAW Voluntary Community Action Program		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2003	
Mailing Address 8000 East Jefferson Ave.		<b>Transaction ID:</b> C6094	
City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00002840		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

\$3,500 rcvd 3/24/03 for '02 debt

Full Name (Last, First, Middle Initial) <b>C.</b> United Food & Commercial Workers		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2003	
Mailing Address 1775 K Street NW		<b>Transaction ID:</b> C5999	
City State Zip Code Washington DC 20006-1598	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00002766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2002Primary	Occupation Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC

Mailing Address 54 Glenlake Pkwy. NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2002  
 Primary  General  
 Other (specify) ▼  
 Debt 2002Primary

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2003

**Transaction ID:** C6012

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 1655 North Fort Myer Drive Suite 850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2003

**Transaction ID:** C5934

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wachovia Corporation Employees Good Government

Mailing Address 301 South College Street

City Charlotte State NC Zip Code 28288

FEC ID number of contributing federal political committee. **C** C00012518

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2003

**Transaction ID:** C6090

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	69225.16

# 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. ADP Payroll Services</b>		<b>Transaction ID:</b> D3154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 3640.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ADP Payroll Services</b>		<b>Transaction ID:</b> D1269 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 52.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ADP Payroll Services</b>		<b>Transaction ID:</b> D1274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 76.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3769.28
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. ADP Payroll Services</b>		<b>Transaction ID: D1275</b> Date of Disbursement 01 / 23 / 2003
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 39.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728		
Purpose of Disbursement Payroll Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Payroll Services</b>		<b>Transaction ID: D1280</b> Date of Disbursement 02 / 01 / 2003	
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Roseland State NJ Zip Code 07068-1728			
Purpose of Disbursement Payroll Fees Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. ADP Payroll Services</b>		<b>Transaction ID: D1283</b> Date of Disbursement 02 / 05 / 2003	
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 39.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Roseland State NJ Zip Code 07068-1728			
Purpose of Disbursement Payroll Fees Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	128.10
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. ADP Payroll Services</b>		<b>Transaction ID:</b> D3157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 903.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ADP Payroll Services</b>		<b>Transaction ID:</b> D1292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 39.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ADP Payroll Services</b>		<b>Transaction ID:</b> D1297 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 39.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	981.57
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Phone Company AT&T

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement Long distance campaign calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2004  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1183  
Date of Disbursement  
01 / 10 / 2003

Amount of Each Disbursement this Period  
102.49

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

**B.** Full Name (Last, First, Middle Initial)  
BellSouth

Mailing Address PO Box 740144

City Atlanta State GA Zip Code 30374-0144

Purpose of Disbursement Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2004  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1090  
Date of Disbursement  
01 / 03 / 2003

Amount of Each Disbursement this Period  
1625.24

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

**C.** Full Name (Last, First, Middle Initial)  
BellSouth

Mailing Address PO Box 740144

City Atlanta State GA Zip Code 30374-0144

Purpose of Disbursement Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2004  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D1089  
Date of Disbursement  
01 / 10 / 2003

Amount of Each Disbursement this Period  
1434.08

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

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

**3161.81**

**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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. BellSouth</b>		<b>Transaction ID: D1208</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 3
Mailing Address PO Box 740144		Amount of Each Disbursement this Period 80.69
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Service Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BellSouth</b>		<b>Transaction ID: D1241</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 3
Mailing Address PO Box 740144		Amount of Each Disbursement this Period 147.62
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Service Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BestPrint &amp; Design</b>		<b>Transaction ID: D1199</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3
Mailing Address 4187 Snapfinger Woods Dr # B		Amount of Each Disbursement this Period 1101.57
City Decatur State GA Zip Code 30035-3412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing new letterhead Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1329.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Cooper &amp; Secrest Associates</b>		<b>Transaction ID: D1178</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 3
Mailing Address 228 S Washington St Ste 330		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314-5404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense reimbursement		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Craftsmen Graphics, Inc.</b>		<b>Transaction ID: D1245</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 3
Mailing Address P.O. Box 245		Amount of Each Disbursement this Period 629.68
City Lithonia State GA Zip Code 30058	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing invitations and RSVP cards		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Credit Union Legislative Action Council</b>		<b>Transaction ID: D3179</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 3
Mailing Address 2400 Pleasant Hill Rd. Suite 300		Amount of Each Disbursement this Period 83.33
City Duluth State GA Zip Code 30096	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event facility rental		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1213.01
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

<b>A. Credit Union Legislative Action Council</b> Full Name (Last, First, Middle Initial) Mailing Address 2400 Pleasant Hill Rd. Suite 300 City Duluth State GA Zip Code 30096 Purpose of Disbursement Catering for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D3180</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 3 Amount of Each Disbursement this Period 464.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received
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<b>B. Darden for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4545 City Marietta State GA Zip Code 30061-4545 Purpose of Disbursement Contribution to debt retirement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1403</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 3 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
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<b>C. Friendship International Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 3951 Snapfinger Pkwy City Decatur State GA Zip Code 30035-3299 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1217</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3 Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2467.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Friendship International Inc.</b>		<b>Transaction ID: D1202</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 3
Mailing Address 3951 Snapfinger Pkwy		Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30035-3299		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friendship International Inc.</b>		<b>Transaction ID: D1235</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 3
Mailing Address 3951 Snapfinger Pkwy		Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30035-3299		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Georgia Dept. of Labor</b>		<b>Transaction ID: D1270</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 3
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 704.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0234		
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2708.92
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Georgia Dept. of Labor</b>		<b>Transaction ID: D1276</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 3
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 704.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0234	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Georgia Dept. of Labor</b>		<b>Transaction ID: D1284</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 3
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 704.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0234	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Georgia Dept. of Labor</b>		<b>Transaction ID: D1293</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 3
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 896.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0234	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2306.11</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Georgia Dept. of Revenue</b>		<b>Transaction ID: D3178</b> Date of Disbursement 01 / 02 / 2003
Mailing Address PO Box 740387		Amount of Each Disbursement this Period 5990.34
City Atlanta State GA Zip Code 30374-0387	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steven Haynes</b>		<b>Transaction ID: D1174</b> Date of Disbursement 01 / 03 / 2003
Mailing Address 499 Woodward Ave SE		Amount of Each Disbursement this Period 150.00
City Atlanta State GA Zip Code 30312-3328	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb. balloons & food-volunteers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jason C. Hegt</b>		<b>Transaction ID: D1272</b> Date of Disbursement 01 / 16 / 2003
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 425.71
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6566.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Jason C. Hegt</b>		<b>Transaction ID: D1281</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 424.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jason C. Hegt</b>		<b>Transaction ID: D1286</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 424.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jason C. Hegt</b>		<b>Transaction ID: D1288</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1632.13</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Jason C. Hegt</b>		<b>Transaction ID: D1246</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 105.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Reimburs. - postage, ink cartridge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jason C. Hegt</b>		<b>Transaction ID: D1296</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Intown Ace Hardware</b>		<b>Transaction ID: D1184</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3
Mailing Address 1404 Scott Blvd		Amount of Each Disbursement this Period 335.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30030-1424		
Purpose of Disbursement Yard Sign Stakes and Staples Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1222.92
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. King &amp; Spalding Nonpartisan Committee For Good Gov</b>		<b>Transaction ID: D1262</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 3
Mailing Address 191 Peachtree Street		Amount of Each Disbursement this Period 370.00
City Atlanta State GA Zip Code 30303	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Staff to coordinate event	Category/ Type	* in-kind received
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. King &amp; Spalding Nonpartisan Committee For Good Gov</b>		<b>Transaction ID: D1261</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 3
Mailing Address 191 Peachtree Street		Amount of Each Disbursement this Period 1831.98
City Atlanta State GA Zip Code 30303	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & beverages for event	Category/ Type	* in-kind received
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kingsmen Coach Lines</b>		<b>Transaction ID: D1177</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 1570 Cedar Grove Rd		Amount of Each Disbursement this Period 365.00
City Conley State GA Zip Code 30288-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bus rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2566.98</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Jeannie Layson</b>		<b>Transaction ID: D1187</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 3	
Mailing Address 130 Windsor Road		Amount of Each Disbursement this Period 2000.00	
City Eatonton State GA Zip Code 31024	Purpose of Disbursement Media Consultant 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeannie Layson</b>		<b>Transaction ID: D1226</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3	
Mailing Address 130 Windsor Road		Amount of Each Disbursement this Period 2000.00	
City Eatonton State GA Zip Code 31024	Purpose of Disbursement Media Consultant 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeannie Layson</b>		<b>Transaction ID: D1295</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 3	
Mailing Address 130 Windsor Road		Amount of Each Disbursement this Period 2000.00	
City Eatonton State GA Zip Code 31024	Purpose of Disbursement Media Consultant 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Rebecca Leicht</b>		<b>Transaction ID: D1236</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 3
Mailing Address 2147 O St NW Apt 110		Amount of Each Disbursement this Period 198.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20037-1062	Purpose of Disbursement Travel expense reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Yvette Lewis</b>		<b>Transaction ID: D1176</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 523 Allana Ct Affairs International Catering		Amount of Each Disbursement this Period 1090.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30087-5605	Purpose of Disbursement Catering costs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Yvette Lewis</b>		<b>Transaction ID: D1186</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3
Mailing Address 523 Allana Ct Affairs International Catering		Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30087-5605	Purpose of Disbursement Catering costs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1356.50
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Yvette Lewis</b>		<b>Transaction ID: D1278</b> Date of Disbursement 01 / 31 / 2003
Mailing Address 523 Allana Ct Affairs International Catering		Amount of Each Disbursement this Period 320.00
City Stone Mountain State GA Zip Code 30087-5605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Yvette Lewis</b>		<b>Transaction ID: D1234</b> Date of Disbursement 02 / 21 / 2003
Mailing Address 523 Allana Ct Affairs International Catering		Amount of Each Disbursement this Period 25.37
City Stone Mountain State GA Zip Code 30087-5605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McKenna Long &amp; Aldridge LLP</b>		<b>Transaction ID: D1190</b> Date of Disbursement 01 / 24 / 2003
Mailing Address 303 Peachtree St NE Ste 5300		Amount of Each Disbursement this Period 2275.13
City Atlanta State GA Zip Code 30308-3265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal and political advisory services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2620.50</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. NGP Software</b>		<b>Transaction ID:</b> D1091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 5305 Connecticut Ave		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Software Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NGP Software</b>		<b>Transaction ID:</b> D1220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 3
Mailing Address 5305 Connecticut Ave		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Software Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Southeast Two-Way Inc.</b>		<b>Transaction ID:</b> D1195 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 3
Mailing Address 1286 Memorial Drive Suite B		Amount of Each Disbursement this Period 650.04
City Decatur State GA Zip Code 30032	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement walkie-talkie rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1650.04
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		<b>Transaction ID:</b> D1225 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 86.15
City Atlanta State GA Zip Code 30303-1563	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign calls made on cell phone		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sutters Mill</b>		<b>Transaction ID:</b> D1588 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 3
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003-4040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sutters Mill</b>		<b>Transaction ID:</b> D1589 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 3
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-4040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3586.15</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Central Parking System</b>		<b>Transaction ID:</b> D1200 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 3
Mailing Address 250 E Ponce De Leon Ave Ste 150		Amount of Each Disbursement this Period 112.75
City Decatur State GA Zip Code 30030-3438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Parking validations	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TermNet Merchant Services</b>		<b>Transaction ID:</b> D1267 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 50.35
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TermNet Merchant Services</b>		<b>Transaction ID:</b> D1282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	213.10
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. TermNet Merchant Services</b>		<b>Transaction ID:</b> D1287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 39.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30339-5016	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. TermNet Merchant Services</b>		<b>Transaction ID:</b> D1291 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 74.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30339-5016	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. The Baughman Company</b>		<b>Transaction ID:</b> D1196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 3
Mailing Address 3106 Fillmore St Fl 2		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
City San Francisco State CA Zip Code 94123-3417	Purpose of Disbursement Media Purchase Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1113.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. The Quill Company</b>		<b>Transaction ID:</b> D1227 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address PO Box 94081		Amount of Each Disbursement this Period 389.72
City Palatine State IL Zip Code 60094-4081	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ink cartridges, paper, toner	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		<b>Transaction ID:</b> D1192 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 3
Mailing Address 5181 W Mountain St		Amount of Each Disbursement this Period 333.00
City Stone Mountain State GA Zip Code 30083-3531	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID:</b> D1271 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1884.90
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Kendra C. Vara</b>		<b>Transaction ID: D1191</b> Date of Disbursement 01 / 24 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 292.78	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Travel expense reimbursement	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kendra C. Vara</b>		<b>Transaction ID: D1279</b> Date of Disbursement 02 / 01 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Payroll	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID: D1179</b> Date of Disbursement 02 / 07 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 54.95	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Campaign calls made on cell phone	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1509.91
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Kendra C. Vara</b>		<b>Transaction ID: D1214</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 128.73
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimburs.-Kinko's copying	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kendra C. Vara</b>		<b>Transaction ID: D1285</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID: D1224</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 95.40
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement- office furniture	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1386.31</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Kendra C. Vara</b>		<b>Transaction ID: D1237</b> Date of Disbursement 02 / 25 / 2003
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 49.93
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimburs.-office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kendra C. Vara</b>		<b>Transaction ID: D1289</b> Date of Disbursement 02 / 26 / 2003
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.17
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID: D1239</b> Date of Disbursement 02 / 27 / 2003
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 121.60
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement- envelopes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1333.70</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Kendra C. Vara</b>		Transaction ID: D1294 Date of Disbursement MM / DD / YYYY 03 / 17 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Payroll		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Roland L. Washington</b>		Transaction ID: D1051 Date of Disbursement MM / DD / YYYY 01 / 03 / 2003	
Mailing Address 1838 Cooper Lake Dr SE		Amount of Each Disbursement this Period 538.00	
City Smyrna State GA Zip Code 30080-6412	Purpose of Disbursement Travel expense reimbursement		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Roland L. Washington</b>		Transaction ID: D1218 Date of Disbursement MM / DD / YYYY 02 / 12 / 2003	
Mailing Address 1838 Cooper Lake Dr SE		Amount of Each Disbursement this Period 2000.00	
City Smyrna State GA Zip Code 30080-6412	Purpose of Disbursement Strategic Consultant Fees		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3700.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Roland L. Washington</b>		<b>Transaction ID: D1298</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2003
Mailing Address 1838 Cooper Lake Dr SE		Amount of Each Disbursement this Period 3000.00
City State Zip Code Smyrna GA 30080-6412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Strategic Consultant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Williams</b>		<b>Transaction ID: D1189</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2003
Mailing Address 3274 Briarcliff Rd NE		Amount of Each Disbursement this Period 2500.00
City State Zip Code Atlanta GA 30345-3457	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Strategy Consultant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Michael Williams</b>		<b>Transaction ID: D1300</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2003
Mailing Address 3274 Briarcliff Rd NE		Amount of Each Disbursement this Period 1338.10
City State Zip Code Atlanta GA 30345-3457	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6838.10</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Michael Williams</b>		<b>Transaction ID: D1045</b> Date of Disbursement 01 / 13 / 2003	
Mailing Address 3274 Briarcliff Rd NE		Amount of Each Disbursement this Period 291.90	
City Atlanta State GA Zip Code 30345-3457	Purpose of Disbursement SEE BELOW	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		<b>Transaction ID: D1046</b> Date of Disbursement 01 / 13 / 2003	
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 291.90	
City Atlanta State GA Zip Code 30303-1563	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID: D1047</b> Date of Disbursement 01 / 13 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 250.26	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement SEE BELOW	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>542.16</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

<p><b>A. Staples</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 650 Ponce De Leon Ave NE</p> <p>City Atlanta State GA Zip Code 30308-1804</p> <p>Purpose of Disbursement desk organizer, tape, scissors</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1048</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="148.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Denise L. Majette</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5226 Fieldgreen Xing</p> <p>City Stone Mountain State GA Zip Code 30088-3133</p> <p>Purpose of Disbursement SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1169</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="341.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Capitol Hilton</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1001 16th St NW</p> <p>City Washington State DC Zip Code 20036-5701</p> <p>Purpose of Disbursement Travel expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1170</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="341.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="341.20"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Denise L. Majette</b>		Transaction ID: D1171 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 788.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30088-3133	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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Airtran Airways</b>		Transaction ID: D1172 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address Dept. INT		Amount of Each Disbursement this Period 372.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Orlando State FL Zip Code 32827	Purpose of Disbursement Travel expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: D1173 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 3
Mailing Address 201 B Perimeter Center Parkway		Amount of Each Disbursement this Period 238.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Atlanta State GA Zip Code 30346	Purpose of Disbursement Travel expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	788.00
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Denise L. Majette</b>		<b>Transaction ID: D1193</b> Date of Disbursement 01 / 27 / 2003
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 213.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30088-3133	Category/ Type	
Purpose of Disbursement SEE BELOW Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		<b>Transaction ID: D1194</b> Date of Disbursement 01 / 27 / 2003
Mailing Address 201 B Perimeter Center Parkway		Amount of Each Disbursement this Period 213.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Atlanta State GA Zip Code 30346	Category/ Type	
Purpose of Disbursement Travel expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Steven Haynes</b>		<b>Transaction ID: D1203</b> Date of Disbursement 02 / 04 / 2003
Mailing Address 499 Woodward Ave SE		Amount of Each Disbursement this Period 161.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3328	Category/ Type	
Purpose of Disbursement SEE BELOW Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>374.70</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Phone Company AT&T

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement  
Campaign calls made on cell phone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1204  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 3

Amount of Each Disbursement this Period  
161.70

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Denise L. Majette

Mailing Address 5226 Fieldgreen Xing

City Stone Mountain State GA Zip Code 30088-3133

Purpose of Disbursement  
SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1205  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

Amount of Each Disbursement this Period  
1064.78

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

**C.** Full Name (Last, First, Middle Initial)  
Airtran Airways

Mailing Address Dept. INT

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
Travel expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1206  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

Amount of Each Disbursement this Period  
480.50

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

**[MEMO ITEM]**

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

1064.78

**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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Metropolitan Hotel</b>		Transaction ID: D1207 Date of Disbursement 02 / 07 / 2003
Mailing Address 569 Lexington Ave		Amount of Each Disbursement this Period 584.28
City New York State NY Zip Code 10022-7501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jason C. Hegt</b>		Transaction ID: D1209 Date of Disbursement 02 / 07 / 2003
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 519.48
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Transaction ID: D1213 Date of Disbursement 02 / 22 / 2003
Mailing Address 201 B Perimeter Center Parkway		Amount of Each Disbursement this Period 306.50
City Atlanta State GA Zip Code 30346	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	519.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. Michael Goodman</b>		<b>Transaction ID: D1222</b> Date of Disbursement 02 / 17 / 2003	
Mailing Address 1375 Jody Ln NE		Amount of Each Disbursement this Period 250.00	
City Atlanta State GA Zip Code 30329-3521	Purpose of Disbursement SEE BELOW	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		<b>Transaction ID: D1223</b> Date of Disbursement 02 / 17 / 2003	
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 250.00	
City Atlanta State GA Zip Code 30303-1563	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kendra C. Vara</b>		<b>Transaction ID: D1228</b> Date of Disbursement 02 / 20 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 99.88	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement SEE BELOW	<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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>349.88</b>
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		Transaction ID: D1231 Date of Disbursement 01 / 20 / 2003	
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 36.66	
City Cincinnati State OH Zip Code 45274-2596	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kendra C. Vara</b>		Transaction ID: D1242 Date of Disbursement 03 / 06 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 406.67	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. T-Mobile</b>		Transaction ID: D1243 Date of Disbursement 03 / 01 / 2003	
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 290.67	
City Cincinnati State OH Zip Code 45274-2596	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	406.67
<b>TOTAL</b> 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)  
Committee to Re-Elect Denise Majette

<p><b>A. Staples</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Staples</p> <p>Mailing Address 650 Ponce De Leon Ave NE</p> <p>City Atlanta State GA Zip Code 30308-1804</p> <p>Purpose of Disbursement office furniture</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1247</p> <p>Date of Disbursement</p> <p>02 / 15 / 2003</p> <p>Amount of Each Disbursement this Period</p> <p>53.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Denise L. Majette</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Denise L. Majette</p> <p>Mailing Address 5226 Fieldgreen Xing</p> <p>City Stone Mountain State GA Zip Code 30088-3133</p> <p>Purpose of Disbursement SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1302</p> <p>Date of Disbursement</p> <p>02 / 20 / 2003</p> <p>Amount of Each Disbursement this Period</p> <p>1233.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Airtran Airways</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Airtran Airways</p> <p>Mailing Address Dept. INT</p> <p>City Orlando State FL Zip Code 32827</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1303</p> <p>Date of Disbursement</p> <p>01 / 23 / 2003</p> <p>Amount of Each Disbursement this Period</p> <p>193.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2004</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1233.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 74 / 82

<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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
NWL Lodging

Mailing Address 125 Adams Avenue

City Farmington State PA Zip Code 15437

Purpose of Disbursement  
Travel expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1304  
Date of Disbursement  
01 / 24 / 2003

Amount of Each Disbursement this Period  
925.00

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
NWL Lodging

Mailing Address 125 Adams Avenue

City Farmington State PA Zip Code 15437

Purpose of Disbursement  
Travel expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1305  
Date of Disbursement  
02 / 01 / 2003

Amount of Each Disbursement this Period  
115.00

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

**[MEMO ITEM]**

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

0.00

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

68866.39

**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 75 / 82

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" 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)  
Committee to Re-Elect Denise Majette

**A.** Full Name (Last, First, Middle Initial)  
Denise L. Majette

Mailing Address 5226 Fieldgreen Xing

City Stone Mountain State GA Zip Code 30088-3133

Purpose of Disbursement  
Loan Repayment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D1188  
Date of Disbursement  
01 / 13 / 2003

Amount of Each Disbursement this Period  
10000.00

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 76 / 82
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**Transaction ID: L17**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Denise L. Majette	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5226 Fieldgreen Xing	
City Stone Mountain State GA ZIP Code 30088-3133	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	19300.00	15700.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 8 Y Y Y Y 2 0 0 2	20350101	.196 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>15700.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 77 / 82
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**Transaction ID: L6**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Denise L. Majette	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5226 Fieldgreen Xing	
City Stone Mountain State GA ZIP Code 30088-3133	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 16 Y Y Y Y 2002	20030214	.052 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>35000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 78 / 82
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Denise Majette

**Transaction ID: L7**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Denise L. Majette	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5226 Fieldgreen Xing	
City Stone Mountain State GA ZIP Code 30088-3133	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	10000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 16 Y Y Y Y 2002	20030204	.099 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="50700.00"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Committee to Re-Elect Denise Majette

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Cooper & Secrest Associates	Nature of Debt (Purpose): Polling consultant fees
Mailing Address 228 S Washington St Ste 330	
City State ZIP Code Alexandria VA 22314-5404	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">3000.00</div>	<b>Transaction ID: D1099</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">3000.00</div>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Denise L. Majette	Nature of Debt (Purpose): Interest on loan
Mailing Address 5226 Fieldgreen Xing	
City State ZIP Code Stone Mountain GA 30088-3133	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	<b>Transaction ID: D1306</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">412.50</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">412.50</div>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jeannie Layson	Nature of Debt (Purpose): Media Consultant Fees
Mailing Address 130 Windsor Road	
City State ZIP Code Eatonton GA 31024	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">4000.00</div>	<b>Transaction ID: D1098</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">4000.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">3412.50</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Committee to Re-Elect Denise Majette

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Software	Nature of Debt (Purpose): Campaign Software
Mailing Address 5305 Connecticut Ave	
City State ZIP Code Washington DC 20015	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D1221</b>	
Amount Incurred This Period 5250.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 4250.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutters Mill	Nature of Debt (Purpose): Fundraising consulting fees
Mailing Address 499 S Capitol St SW Ste 103	
City State ZIP Code Washington DC 20003-4040	

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID: D1587</b>	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 6500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutters Mill	Nature of Debt (Purpose): Fundraising consulting fees
Mailing Address 499 S Capitol St SW Ste 103	
City State ZIP Code Washington DC 20003-4040	

Outstanding Balance Beginning This Period 7411.21	<b>Transaction ID: D1595</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7411.21

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>18161.21</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	



**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 81 / 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Committee to Re-Elect Denise Majette

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Baughman Company	Nature of Debt (Purpose): Media Purchase
Mailing Address 3106 Fillmore St Fl 2	
City State ZIP Code San Francisco CA 94123-3417	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D1197</b>	
Amount Incurred This Period <input type="text" value="5000.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Winning Connections	Nature of Debt (Purpose): Phone Banking
Mailing Address 3 Chauncy Street #8	
City State ZIP Code Cambridge MA 02138	

Outstanding Balance Beginning This Period <input type="text" value="14594.50"/>	<b>Transaction ID: D1097</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14594.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="18594.50"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="40168.21"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Image# 26930369155**

Form/Schedule: **F3A**

This report is being filed with the changes give to the Committee from the Audit Division.

Transaction ID:

Form/Schedule: **SC/10**

Loan to Candidate from State Employees Credit Union. Terms listed above.

Transaction ID: **L7**

\*\*\*\*\*