

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

05 FEB 2006 10

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the first.

12FE4M5

HOLLINGS, FOR SENATE

ADDRESS (number and street)

P.O. Box 30906

Check if different than previously reported. (ACC)

CHARLESTON

SC

29417

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00028332

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

AMENDED (A)

SC

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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 2005

through

12 31 2005

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

CLAUDE BALDWIN

Signature of Treasurer

Claude Baldwin

Date

01 30 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period:

From:

10 01 2005

To:

12 31 2005

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	1,613,257.70
(b) Total Contribution Refunds (from Line 20(c))	0.00	233,100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	1,380,157.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2,623.30	552,839.43
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	24,483.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2,623.30	528,356.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	255,492.00	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

26020073156

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period

From:

10/01/2005

To:

12/31/2005

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0.00
(ii) Unitemized.....	0	0.00
(iii) TOTAL of contributions from individuals ▶	0	898,257.71
(b) Political Party Committees.....	0	0.00
(c) Other Political Committees (such as PACs).....	0	697,175.00
(d) The Candidate.....	0	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).....	0	1,595,432.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	24,483.27
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	0	1,619,915.90

25020073157

**DETAILED SUMMARY PAGE
of Disbursements**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,623,330	8,144,500.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	000	175,000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	142,600.00
(b) Political Party Committees.....	0	0.00
(c) Other Political Committees (such as PACs).....	0	9,050.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	233,100.00
21. OTHER DISBURSEMENTS.....	7,000.00	268,000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9,623,330	14,925,500.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2,651,153.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	2,651,153.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,623,330
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2,554,920.00

26020073158

**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 5 OF 9

17
20a 18
20b 19a
20c 19b
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)
HOLLINGS FOR SENATE

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)
BANK OF AMERICA

Mailing Address
P.O. BOX 60073

City
CITY OF INDUSTRY State **CA** Zip Code **91716**

Purpose of Disbursement
CONSTITUENT ENTERTAINMENT

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
10 11 2005

Amount of Each Disbursement this Period
660.95

Category/Type
001

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

B. BELL SOUTH

Full Name (Last, First, Middle Initial)
BELL SOUTH

Mailing Address
P.O. BOX 1262

City
CHARLOTTE State **NC** Zip Code **28201**

Purpose of Disbursement
TELEPHONE

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
10 11 2005

Amount of Each Disbursement this Period
80.79

Category/Type
001

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

C. BELL SOUTH

Full Name (Last, First, Middle Initial)
BELL SOUTH

Mailing Address
P.O. BOX 1262

City
CHARLOTTE State **NC** Zip Code **28201**

Purpose of Disbursement
TELEPHONE

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
11 11 2005

Amount of Each Disbursement this Period
80.80

Category/Type
001

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

SUBTOTAL of Disbursements This Page (optional) **822.54**

TOTAL This Period (last page this line number only)

26020073159

**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 6 OF 9

17
20a 18
20b 19a
20c 19b
20

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NAME OF COMMITTEE (In Full)

HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial)

A. CAROLINA ENGRAVERS & GIFTS

Date of Disbursement

11 / 13 / 2005

Address
P.O. Box 664

Amount of Each Disbursement this Period

196.10

City IRMO State SC Zip Code 29068

Purpose of Disbursement
ENGRAVING SC LAWYERS TROPHY

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

State: District:

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Date of Disbursement

11 / 18 / 2005

Address
P.O. Box 60073

Amount of Each Disbursement this Period

611.88

City CITY OF INDUSTRY State CA Zip Code 91716

Purpose of Disbursement
CONSTITUENT MEETING - RECEPTION

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

State: District:

Full Name (Last, First, Middle Initial)

C. U.S. POSTMASTER

Date of Disbursement

11 / 19 / 2005

Address
WEST ASHLEY BRANCH

Amount of Each Disbursement this Period

37.00

City CHARLESTON State SC Zip Code 29417

Purpose of Disbursement
POSTAGE STAMPS

001
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

844.98

TOTAL This Period (last page this line number only)

26926073160

**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 7 OF 9

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)

HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address

P.O. BOX 60073

CITY OF INDUSTRY

State CA

Zip Code 91716

Purpose of Disbursement

CONSTITUENT RECEPTION

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. BELL SOUTH

Mailing Address

P.O. BOX 1262

CITY CHARLOTTE

State NC

Zip Code 28201

Purpose of Disbursement

TELEPHONE

Candidate Name

001
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

12 12 2005

Amount of Each Disbursement this Period

874.98



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

Date of Disbursement

12 12 2005

Amount of Each Disbursement this Period

90.90



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

Date of Disbursement

Amount of Each Disbursement this Period



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

9557.8

262330

26020073161

**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 8 OF 9

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial)
FRIENDS OF ROBERT C BYRD COMM

Mailing Address
P.O. BOX 3722

City **CHARLESTON** State **WV** Zip Code **25337**

Purpose of Disbursement
CONTRIBUTION Category/Type **012**

Candidate Name
SEN. ROBERT BYRD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WV** District:

Date of Disbursement
10 14 2005

Amount of Each Disbursement this Period
2000.00

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

Full Name (Last, First, Middle Initial)
GRADY PATTERSON CAMPAIGN

Mailing Address
P.O. BOX 11611

City **COLUMBIA** State **SC** Zip Code **29211**

Purpose of Disbursement
CONTRIBUTION Category/Type **012**

Candidate Name
GRADY PATTERSON

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District:

Date of Disbursement
10 14 2005

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT ROBERT BARBER

Mailing Address
1883 BOWEN ISLAND RD

City **CHARLESTON** State **SC** Zip Code **29412**

Purpose of Disbursement
CONTRIBUTION Category/Type **012**

Candidate Name
ROBERT BARBER

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District:

Date of Disbursement
11 13 2005

Amount of Each Disbursement this Period
1000.00

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

SUBTOTAL of Disbursements This Page (optional) **4000.00**

TOTAL This Period (last page this line number only)

26020073162

**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)

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

PAGE 4 OF 9

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial)
A. SOUTH CAROLINA DEMOCRATIC PARTY

Mailing Address
P.O. BOX 5965

City
COLUMBIA State
SC Zip Code
29250

Purpose of Disbursement
CONTRIBUTION

Candidate Name
012
Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
11/22/2005

Amount of Each Disbursement this Period
100000

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

Full Name (Last, First, Middle Initial)
B. STABENOW FOR US SENATE

Mailing Address
122 MARYLAND AVE NE

City
WASHINGTON DC State _____ Zip Code
20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SEN. DEBBIE STABENOW

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **Mich.** District: _____

Date of Disbursement
11/30/2005

Amount of Each Disbursement this Period
100000

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

Full Name (Last, First, Middle Initial)
C. ST. PAUL'S GARDEN CLUB

Mailing Address
7473 LITTLE BRITON RD

City
YONGE IS. State
SC Zip Code
29449

Purpose of Disbursement
CONTRIBUTION

Candidate Name
012
Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
12/19/2005

Amount of Each Disbursement this Period
100000

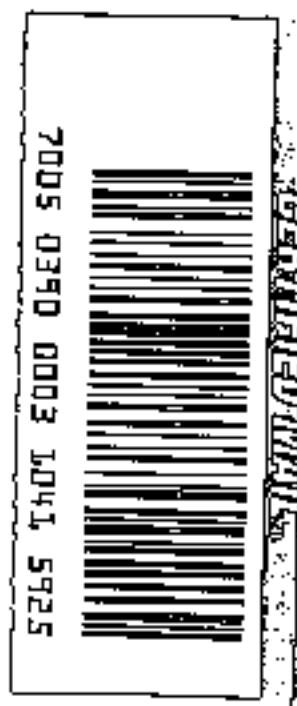
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) **300000**

TOTAL This Period (last page this line number only) **700000**

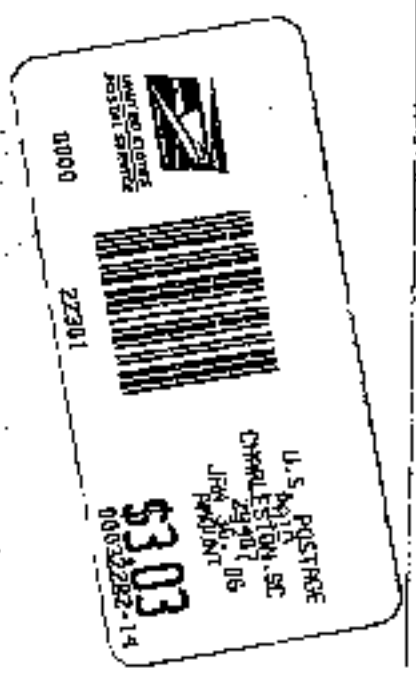
26020073163

Box 30906
Charleston, SC 29417



X-RAYED
BY THE POST OFFICE

OFFICE OF PUBLIC RECORDS
P.O. BOX 5109
ALEXANDRIA, VA 22301-0109



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

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01-30-06

Postmark

USPS PRIORITY MAIL _____

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USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

02-02-06

26020073165

26020075166

