

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
Mike Rogers for Congress

ADDRESS (number and street) 123 EAST 13TH STREET
 Check if different than previously reported. (ACC)
Anniston AL 36201

2. **FEC IDENTIFICATION NUMBER** C00367862
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
AL 3

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 10 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 Donna Elizabeth Rogers

Signature of Treasurer Electronically Filed by Donna Elizabeth Rogers Date 03 17 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

Mike Rogers for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| | 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))..... | 202358.72 | 803529.70 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 1500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 202358.72 | 802029.70 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 77879.92 | 488260.83 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 40869.75 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 77879.92 | 447391.08 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 724261.40 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Mike Rogers for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

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).....

102661.84

350461.84

(ii) Unitemized.....

7404.00

21575.48

(iii) TOTAL of contributions

110065.84

372037.32

from individuals..... ▶

1757.88

37446.16

(b) Political Party Committees.....

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

90535.00

394046.22

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

202358.72

803529.70

(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.).....

0.00

40869.75

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

2412.89

8744.73

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

204771.61

853144.18

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 77879.92 | 488260.83 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 1500.00 |
| (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 | 1500.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 77879.92 | 489760.83 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 597369.71 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 204771.61 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 802141.32 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 77879.92 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 724261.40 |

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

| | | |
|---|--------------------|---|
| Name of Candidate Mr. Michael Rogers | | Candidate ID Number H2AL03032 |
| Name of Principal Campaign Committee Mike Rogers for Congress | | Committee ID Number C C00367862 |
| Committee Address 123 EAST 13TH STREET | | |
| City Anniston | State AL | ZIP 36201 |
| Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election | | |
| | Primary | General |
| 1. Gross receipts of authorized committees | 793675.35 | 62927.19 |
| 2. Aggregate amount of contributions from personal funds of the candidate | 0.00 | 0.00 |
| 3. Gross receipts minus the candidate's personal contributions | 793675.35 | 62927.19 |

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 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JAMES ABROMS

Mailing Address 3833 VALLEY HEAD RD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.19945

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)
JOHN* ADAMS, III

Mailing Address 3590 BANKHEAD AVENUE

City MONTGOMERY State AL Zip Code 36111

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

Name of Employer SELF Occupation LOBBYIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19926

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)
THOMAS ALBRECHT

Mailing Address P.O. BOX 241264

City MONTGOMERY State AL Zip Code 36124

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

Name of Employer BARCLAY AGENCY Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19871

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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 7 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS ALBRECHT

Mailing Address P.O. BOX 241264

City State Zip Code
MONTGOMERY AL 36124

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

Name of Employer Occupation
BARCLAY AGENCY CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20011

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
KEN ALLEN, Jr.

Mailing Address 1009 TOMAHAWK TRAIL

City State Zip Code
TALLADEGA AL 35160

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

Name of Employer Occupation
R.K. ALLEN OIL COMPANY VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.19666

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)
R. Ken Allen

Mailing Address P.O. Drawer 456

City State Zip Code
Talladega AL 35161

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

Name of Employer Occupation
Allen Oil Company Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.19652

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 8 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
W. KEITH ALLEN

Mailing Address PO DRAWER 456

City TALLADEGA State AL Zip Code 35161

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

Name of Employer R.K. ALLEN OIL COMPANY Occupation VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.19667

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
J. LEE* ALLEY

Mailing Address 8249 MOSSY OAK DR

City MONTGOMERY State AL Zip Code 36117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19815

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)
JAKE ARONOV

Mailing Address P.O. BOX 235000

City MONTGOMERY State AL Zip Code 36123

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

Name of Employer ARONOV REALTY Occupation OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.19999

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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 9 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
OWEN ARONOV

Mailing Address 2152 WOODLEY ROAD

City State Zip Code
MONTGOMERY AL 36111

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

Name of Employer
ARONOV REALTY

Occupation
OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.19956

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)
G. FRED ATWELL

Mailing Address 514 HIGHLAND AVENUE

City State Zip Code
ANNISTON AL 36207

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

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19703

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)
BOWEN BALLARD

Mailing Address 108 BRIDLE PATH

City State Zip Code
PIKE ROAD AL 36064

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

Name of Employer
BALLARD REALTY

Occupation
OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19872

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) | ▶ | 3000.00 |
| 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 10 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
BLANE BATEMAN

Mailing Address 901 LEIGHTON AVENUE
STE 506

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19760

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
BLANE BATEMAN

Mailing Address 901 LEIGHTON AVENUE
STE 506

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

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

Transaction ID: SA11A1.19780

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)
BARNIE BEASLEY

Mailing Address 109 OLD POST ROAD

City PELHAM State AL Zip Code 35124

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

Name of Employer SOUTHERN COMPANY Occupation OPERATING VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: SA11A1.19950

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 11 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JOHN BENTON

Mailing Address 1106 HERITAGE WAY

City JACKSONVILLE State AL Zip Code 36265

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

Name of Employer SELF-EMPLOYED Occupation ORTHODONTIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2005

Transaction ID: SA11A1.19768

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1 MEADOWLAKE DRIVE

City OXFORD State AL Zip Code 36203

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

Name of Employer DR. PAT BERNARDI Occupation OFFICE MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 06 / 2005

Transaction ID: SA11A1.19885

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)
JOANNE BLAIR

Mailing Address 1100 BLAIR ROAD

City ASHLAND State AL Zip Code 36251

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

Name of Employer CLAY COUNTY BOARD OF EDUCATION Occupation ASSISTANT SUPERINTENDENT OF EDUCATION

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 28 / 2005

Transaction ID: SA11A1.20024

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| 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 12 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
HAL BLOOM, JR.
Mailing Address 8400 SHAFFER RIDGE CT.
City MONTGOMERY State AL Zip Code 36117
FEC ID number of contributing federal political committee. **C**
Name of Employer THE BLOOM GROUP, INC. Occupation GOVERNMENT RELATIONS
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5
Transaction ID: SA11A1.19856
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BILLY BOBBITT
Mailing Address P.O. BOX 1168
City SYLACAUGA State AL Zip Code 35150
FEC ID number of contributing federal political committee. **C**
Name of Employer SOUTHERN ALLOY CORP Occupation PRESIDENT
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5
Transaction ID: SA11A1.19643
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)
ELVA JO BONNER
Mailing Address P.O. BOX 1168
City SYLACAUGA State AL Zip Code 35150
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation HOMEMAKER
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5
Transaction ID: SA11A1.19644
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Bradley

Mailing Address 3805 Spring Valley Circle

City Birmingham State AL Zip Code 35223

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

Name of Employer Stephen Bradley & Associates
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2005

Transaction ID: SA11A1.19801

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)
WILLIAM BROOKE

Mailing Address 9 CLUB VIEW DRIVE

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer HARBORT MANAGEMENT CORP
Occupation INVESTMENTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2005

Transaction ID: SA11A1.20182

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)
JERALD* BROOKS

Mailing Address 2616 NORTH 20TH STREET #101

City BIRMINGHAM State AL Zip Code 35234

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

Name of Employer STAR TRUCK PARTS
Occupation OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2005

Transaction ID: SA11A1.19795

Amount of Each Receipt this Period
500.00

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 14 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
DONALD C. BROWN

Mailing Address 3113 THOMAS AVENUE

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer Occupation
BROWN CHAMBLESS ARCHITECTS ARCHITECT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19870

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)
RONALD BROWN

Mailing Address 2626 WINCHESTER ROAD

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer Occupation
SELF EMPLOYED PRIVATE INVESTIGATOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: SA11A1.19959

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)
CHARLES E. BUGG

Mailing Address 303 DEXTER AVENUE

City State Zip Code
BIRMINGHAM AL 35213

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19875

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) | ▶ | 2250.00 |
| 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: | PAGE 15 / 119 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
ERNEST N. BURSON

Mailing Address PO BOX 1671

City State Zip Code
AUBURN AL 36831

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

Name of Employer Occupation
AUBURN UNIVERSITY DIRECTOR OF RESEARCH DEVELOPMENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19843

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
WILLIAM CANARY, Jr.

Mailing Address 3233 BANKHEAD AVENUE

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer Occupation
BCA PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19864

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)
C. NEAL CANUP

Mailing Address 500 HIGHLAND AVENUE

City State Zip Code
ANNISTON AL 36207

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19761

Amount of Each Receipt this Period
500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 16 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dr. Neil Christen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5 |
| Mailing Address 4805 Laurel Trace | | Transaction ID: SA11A1.19770 |
| City State Zip Code Anniston AL 36207 | Amount of Each Receipt this Period 750.00 | |
| 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 Regional Medical Center | Occupation Physician | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FRED CLARK | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address PO BOX 11190 | | Transaction ID: SA11A1.19860 |
| City State Zip Code HUNTSVILLE AL 35814 | 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 CAS, INC. | Occupation PRESIDENT | |
| Receipt For: 2006 <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) C. H. RAY COLE | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5 |
| Mailing Address 2610 RIDGE ROAD DRIVE | | Transaction ID: SA11A1.19776 |
| City State Zip Code ALEXANDRIA AL 36250 | 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 VANSKOYOC ASSOC. | Occupation VICE PRESIDENT | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
SUZANE C. COOPER

Mailing Address 1014 DELLWOOD DR

City State Zip Code
TALLADEGA AL 35160

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

Name of Employer
TALLADEGA ANESTHESIOLOGY GROUP

Occupation
ANESTHESIOLOGIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: SA11A1.19977

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
HUGH CORT, III

Mailing Address 3461 SPRING VALLEY COURT

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19798

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)
Noopie Cosby

Mailing Address PO Box 683

City State Zip Code
Selma AL 36702

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

Name of Employer
Self-Employed

Occupation
Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19859

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1150.00 |
| 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 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
EVONNE CUNNINGHAM

Mailing Address 891 HIGHLAND WOODS DR

City JACKSONVILLE State AL Zip Code 36265

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

Name of Employer DR. BRUCE CUNNINGHAM Occupation OFFICE MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19756

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
JIMMY W. DAVIS

Mailing Address 1010 EAST STREET, SO

City TALLADEGA State AL Zip Code 35160

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 361.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.20039

Amount of Each Receipt this Period
161.84

In-kind - CATERING & RECEPTION EXPENSES
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10 DENNEY ROAD

City OXFORD State AL Zip Code 36203

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19884

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1161.84

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 19 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
CARLTON DEVAUGHN

Mailing Address 541 BLAKES FERRY ROAD

City State Zip Code
LINEVILLE AL 36266

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

Name of Employer Occupation
FIRST STATE BANK BANKER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20026

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
PETER R. DORN

Mailing Address 242 MOODY CREEK RD

City State Zip Code
BUMPASS VA 23024

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

Name of Employer Occupation
PK DORN & ASSOC PARTNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19845

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)
ROBERT S. EHRLICH

Mailing Address 632 BROADWAY
RM 301

City State Zip Code
NEW YORK NY 10012-2614

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

Name of Employer Occupation
AROTECH CHAIRMAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19938

Amount of Each Receipt this Period
1250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 20 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
RICH ELLIS

Mailing Address PO BOX 38

City State Zip Code
ANNISTON AL 36202

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

Name of Employer Occupation
STRINGFELLOW HOSPITAL CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20009

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)
DAVID* EMERSON

Mailing Address 3077 WOODBRIDGE DR

City State Zip Code
ANNISTON AL 36207

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.20005

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)
STEVEN ESSES

Mailing Address 1133 EAST 22ND STREET

City State Zip Code
BROOKLYN NY 11210

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

Name of Employer Occupation
AROTECH CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19940

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 21 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JOSEPH FARLEY

Mailing Address 3333 DELL ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer BALCH AND BINGHAM Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20184

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
BILL FEATHERINGILL

Mailing Address 100 BROOKWOOD PLACE STE 410

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer PRIVATE CAPITAL CORP Occupation PARTNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19930

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)
VIRGINIA FOXX

Mailing Address 11468 HWY 105

City BANNER ELK State NC Zip Code 28604

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

Name of Employer U.S. HOUSE OF REPRESENTATIVES Occupation CONGRESSWOMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.20033

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) | ▶ | 2500.00 |
| 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 22 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
VICKI FREE

Mailing Address 22 EDGEFIELD WAY

City ANNISTON State AL Zip Code 36207

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19766

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
R. BRYAN FREEMAN

Mailing Address 1107 DEARMANVILLE DRIVE NORTH

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.19983

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)
JAMES FRENCH

Mailing Address 3220 EAST BRIARCLIFF ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer DUNN INVESTMENTS Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19794

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) | ▶ | 2500.00 |
| 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 23 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
William Fulford

Mailing Address 9741 Bent Brook Drive

City State Zip Code
Montgomery AL 36117

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

Name of Employer University of South Alabama
Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20017

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)
ROBERT GARNER

Mailing Address 2617 COLEMAN ROAD

City State Zip Code
ANNISTON AL 36207

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

Name of Employer SELF EMPLOYED
Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19702

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)
H. KEITH GARRETT

Mailing Address PO BOX 969

City State Zip Code
KILLEN AL 35645

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

Name of Employer SELF-EMPLOYED
Occupation CHIROPRACTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19710

Amount of Each Receipt this Period
150.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 900.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 119 |
| | <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)
Mike Rogers for Congress

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. G. WILLIAM GILL | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 | |
| Mailing Address 7258 GREENFIELD RD | | Transaction ID: SA11A1.19865 | |
| City MONTGOMERY | State AL | Zip Code 36117 | 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 SELF | Occupation ATTORNEY | | |
| Receipt For: 2006 <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. MICHAEL GOODRICH | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address 3320 DELL ROAD | | Transaction ID: SA11A1.19813 | |
| City BIRMINGHAM | State AL | Zip Code 35223 | 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 BE&K | Occupation CONSTRUCTION EXECUTIVE | | |
| Receipt For: 2006 <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) C. MICHAEL GOODRICH | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5 | |
| Mailing Address 3320 DELL ROAD | | Transaction ID: SA11A1.19949 | |
| City BIRMINGHAM | State AL | Zip Code 35223 | 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 BE&K | Occupation CONSTRUCTION EXECUTIVE | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address PO BOX 10383
729 SOUTH 30TH ST

City BIRMINGHAM State AL Zip Code 35202

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

Name of Employer BRASFIELD & GORRIE Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19924

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
ALMA GRANA

Mailing Address 1 DEERFIELD PLACE

City ANNISTON State AL Zip Code 36201

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.20037

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)
JAY GRINNEY

Mailing Address 3179 OVERHILL ROAD

City MOUNTAIN BROOK State AL Zip Code 35223

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

Name of Employer HEALTHSOUTH Occupation CHEIF EXECUTIVE OFFICER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19895

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) | ▶ | 2000.00 |
| 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 26 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
CINDA GUYER

Mailing Address 37 DRAKE LANE

City State Zip Code
OXFORD AL 36203

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

Name of Employer
ANESTHESIA SOLUTIONS OF ANNISTON

Occupation
CRNA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19893

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)
GORDON T. HARDY

Mailing Address 4812 LAUREL TRACE

City State Zip Code
ANNISTON AL 36207

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

Name of Employer
ANNISTON ORTHOPAEDICS

Occupation
PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19904

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)
DAVID HERRICK

Mailing Address 2132 ALLENDALE ROAD

City State Zip Code
MONTGOMERY AL 36111

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

Name of Employer
CENTER FOR PAIN

Occupation
PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19869

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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: | PAGE 27 / 119 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)
Mike Rogers for Congress

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. NATHAN* HILL | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address 307 WIND RIDGE NE | | Transaction ID: SA11A1.19818 | |
| City JACKSONVILLE | State AL | Zip Code 36265 | 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 HILLS CONSULTING | Occupation CONSULTANT | | |
| Receipt For: 2006 <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. DON HOGAN | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 | |
| Mailing Address 199 WESOBULGA STREET | | Transaction ID: SA11A1.20022 | |
| City LINEVILLE | State AL | Zip Code 36266 | Amount of Each Receipt this Period 100.00 |
| 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 CLAY COUNTY HOSPITAL | Occupation PHARMACIST | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. CAROL GRAVES HOLLADAY | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address 507 INDEPENDENCE AVENUE, SE | | Transaction ID: SA11A1.19847 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Receipt this Period 250.00 |
| 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 HURT NORTON & ASSOCIATES | Occupation CONSULTANT | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| 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 28 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
CAROL HORNSBY

Mailing Address 6152 AL HWY 174

City State Zip Code
SPRINGVILLE AL 35146

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

Name of Employer NA Occupation **HOMEMAKER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19737

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
DANIEL HUGHES

Mailing Address 8120 MOSSY OAK DRIVE

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer SUMMIT AMERICA Occupation **CEO**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19867

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)
JAN HURLBUTT

Mailing Address 4904 LAUREL TRACE NORTH

City State Zip Code
ANNISTON AL 36207

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

Name of Employer N/A Occupation **HOMEMAKER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19738

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. ROBERT HURT | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| Mailing Address 501 CAPITOL COURT NE STE 2 | | Transaction ID: SA11A1.19819 |
| City State Zip Code WASHINGTON DC 20002 | 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 HURT, NORTON AND ASSOCIATES | Occupation CONSULTANT | |
| Receipt For: 2006 <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. KEITH JACKSON | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 1180 ALLISON BONNETT MEMORIAL DR. | | Transaction ID: SA11A1.19927 |
| City State Zip Code BIRMINGHAM AL 35228 | 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 SE ANESTHESIA ASSOC. | Occupation CRNA | |
| Receipt For: 2006 <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) C. Cleve Jacobs | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5 |
| Mailing Address 1737 Eastaboga Road | | Transaction ID: SA11A1.19965 |
| City State Zip Code Talladega AL 35160 | Amount of Each Receipt this Period 750.00 | |
| 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 Brannon's Office Supply | Occupation Owner | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 950.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
MOHAMED S. JASSER

Mailing Address 8 BRISTOL PLACE

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19902

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Pankaj Kashyap

Mailing Address 1730 Leighton Avenue

City Anniston State AL Zip Code 36207

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19892

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)
TERRY KELLOGG

Mailing Address 1230 GLENVIEW RD

City BIRMINGHAM State AL Zip Code 35222

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

Name of Employer BLUE CROSS BLUE SHIELD Occupation CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19791

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 31 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
TRACIE KERPER

Mailing Address 3 FOXMOORE PLACE

City ANNISTON State AL Zip Code 36207

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19942

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
KENT KEYS

Mailing Address 220 HONEYSUCKLE TRAIL

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19754

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)
DONALD D. KING

Mailing Address 1028 MONTVUE ROAD

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19700

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
CLIFF LANIER

Mailing Address 300 WATER STREET

City State Zip Code
MONTGOMERY AL 36104

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

Name of Employer Occupation
THE FRAZIER LAND COMPANY OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19917

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
JAMES LOWDER

Mailing Address 2000 INTERSTATE PARK DRIVE

City State Zip Code
MONTGOMERY AL 36109

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

Name of Employer Occupation
LOWDER HOMES OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11A1.19781

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)
W. GRANT* LYNCH, JR

Mailing Address 723 MAPLE DR

City State Zip Code
TALLADEGA AL 35160

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

Name of Employer Occupation
TALLADEGA SPEEDWAY PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.19929

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) | ▶ | 4000.00 |
| 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 33 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JAMES MALONE

Mailing Address PO BOX 747

City State Zip Code
LINEVILLE AL 36266

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20030

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
DELBERT MARSH

Mailing Address 120 ROCKY RIDGE ROAD

City State Zip Code
SYLACAUGA AL 35150

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.19645

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)
C. ALAN* MARTIN

Mailing Address 600 NORTH 18TH STREET

City State Zip Code
BIRMINGHAM AL 35291

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

Name of Employer ALABAMA POWER Occupation VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19806

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| 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 34 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
H.A. Mawhinney

Mailing Address 269 Forest Drive

City Deatsville State AL Zip Code 36022

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

Name of Employer Blue Cross Blue Shield Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.20000

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)
Allen McBride

Mailing Address 2671 Cheaha Road

City Munford State AL Zip Code 36268

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

Name of Employer Camp Mac Occupation Co-owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19695

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 McBRIDE

Mailing Address 362 LOWER LAKE LANE

City MUNFORD State AL Zip Code 36268

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

Name of Employer COMPMAC Occupation OWNER/OPERATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19696

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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 35 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 2671 CHEAHA ROAD

City State Zip Code
MUNFORD AL 36268

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

Name of Employer Occupation
CAMP MAC OWNER/DIRECTOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19698

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
J.B. MCCORD

Mailing Address PO BOX 491

City State Zip Code
LINEVILLE AL 36266

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20029

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
CHARLES MCCRARY

Mailing Address 1704 INDIAN CREEK DRIVE

City State Zip Code
BIRMINGHAM AL 35243

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

Name of Employer Occupation
ALABAMA POWER PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19808

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) | ▶ | 1600.00 |
| 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 36 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 2011 SOUTH HELENA

City State Zip Code
SPOKANE WA 99203

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.19671

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)
CHARLES MOLLISTON

Mailing Address P.O. BOX 1124

City State Zip Code
TALLADEGA AL 35161

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

Name of Employer ATAP, INC. Occupation PARTNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.19986

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
DAVID MONTIEL

Mailing Address 1625 BELL ROAD

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer MONTGOMERY RADIOLOGIST AS-SOC. Occupation DIAGNOSTIC RADIOLOGIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19920

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 37 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD MOORE

Mailing Address 6429 KIRBY RIDGE CT

City MEMPHIS State TN Zip Code 38119

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

Name of Employer LEHMAN-ROBERTS CO Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19833

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
VANCE MOORE

Mailing Address 2611 COLEMAN ROAD

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.19772

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 MOOREHOUSE

Mailing Address 2231 OLD PIKE ROAD

City PIKE ROAD State AL Zip Code 36064

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.19955

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) ▶ **2000.00**

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 38 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 3116 RYECROFT RD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer ALABAMA POWER COMPANY Occupation SENIOR VICE PRESIDENT & COUNCILOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.19951

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
DONALD NORBY

Mailing Address 1701 LEIGHTON AVENUE

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19882

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)
FRANK NORTON

Mailing Address 8108 WEST BOULEVARD DRIVE

City ALEXANDRIA State VA Zip Code 22308

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

Name of Employer HUNT, NORTON AND ASSOCIATES Occupation CONSULTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19820

Amount of Each Receipt this Period
2000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| 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 39 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN O. PALMER

Mailing Address 5827 N 27TH STREET

City ARLINGTON State VA Zip Code 22207-1263

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

Name of Employer VAN SCOYOC ASSOCIATION Occupation VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19840

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
DAVID T.* PARKS

Mailing Address PO BOX 946

City CLEMONT State FL Zip Code 34712

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

Name of Employer MARINE MUFFLER CORP. Occupation MANUFACTURING BUSINESS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11A1.19672

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
ROHIT G. PATEL

Mailing Address 425 EAST 9TH STREET

City ANNISTON State AL Zip Code 36207

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19906

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| 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: PAGE 40 / 119 (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)
Mike Rogers for Congress

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--|--|--|--|--|--|--|--|--|
| <p>A. Full Name (Last, First, Middle Initial) CAM PAYNE</p> <p>Mailing Address 531 KEITH AVENUE</p> <p>City State Zip Code ANNISTON AL 36207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HOMEMAKER HOMEMAKER</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table> </p> <p>Transaction ID: SA11A1.19826</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">250.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 5 | 250.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--|--|--|--|--|--|--|--|--|
| <p>B. Full Name (Last, First, Middle Initial) PAMELA PAYNE</p> <p>Mailing Address 758 ROSS STREET</p> <p>City State Zip Code HEFLIN AL 36264</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation COLONIAL COTTAGE OWNER</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table> </p> <p>Transaction ID: SA11A1.19727</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">250.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 5 | 250.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|--|--|--|--|--|--|--|--|--|
| <p>C. Full Name (Last, First, Middle Initial) DOYLE PHILLIPS</p> <p>Mailing Address 4898 CO. RD. 88</p> <p>City State Zip Code DELTA AL 36258</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF FARMER</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">300.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table> </p> <p>Transaction ID: SA11A1.20028</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">100.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 5 | 100.00 | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 41 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT PIRNIE, III

Mailing Address 8355 HEATHROW DOWNS

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer CONFERENCE AMERICA Occupation OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19897

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
CHERYL POTTS

Mailing Address 353 HIDDEN OAKS DRIVE

City State Zip Code
ANNISTON AL 36203

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19842

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)
MICHAEL PROCTOR

Mailing Address 12 HATHAWAY HEIGHTS

City State Zip Code
ANNISTON AL 36207

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

Name of Employer CNTR FOR DOMESTIC PREPARE-DNESS Occupation REG DIR OF ER MED SERVICES

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19889

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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 42 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 1603 GREENWYCHE ROAD

City State Zip Code
HUNTSVILLE AL 35801

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

Name of Employer Occupation
HUNTSVILLE DIRECT COMMUNICATIONS PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19816

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER RANDOLPH

Mailing Address PO BOX 1782

City State Zip Code
ANNISTON AL 36202

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: SA11A1.19677

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Clark Richardson

Mailing Address P.O. Box 230035

City State Zip Code
Montgomery AL 36123

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

Name of Employer Occupation
Self Employed Lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19799

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) | 3750.00 |
| 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 43 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. JIM RIDLING | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 306 HUNTER TRAIL | | Transaction ID: SA11A1.19918 |
| City State Zip Code PIKE ROAD AL 36064 | 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 Occupation SOUTHERN GUARANTY COMPANY CEO | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. BUSTER ROBERTSON | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 |
| Mailing Address PO BOX 41 | | Transaction ID: SA11A1.20027 |
| City State Zip Code CRAGFORD AL 36255 | Amount of Each Receipt this Period 100.00 | |
| 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 Occupation RETIRED RETIRED | Election Cycle-to-Date 300.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. ANNA MARIE RUSH | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 |
| Mailing Address 1444 TALLADEGA STREET | | Transaction ID: SA11A1.20023 |
| City State Zip Code LINEVILLE AL 36266 | Amount of Each Receipt this Period 100.00 | |
| 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 Occupation NA HOMEMAKER | Election Cycle-to-Date 300.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2200.00 |
| 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 44 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JOSEPH 'JODY' SAIIA

Mailing Address 3424 BROOK MOUNTAIN LANE

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
SAIIA CONSTRUCTION CONTRACTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19789

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)
WILLIAM M. SCOTT

Mailing Address 1428 CROSSING WAY

City State Zip Code
AUBURN AL 36830

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

Name of Employer Occupation
SCOTT BRIDGE CO. ASSISTANT VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19911

Amount of Each Receipt this Period
350.00

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

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

Mailing Address 4001 EVANS LANE

City State Zip Code
OXFORD AL 36203

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

Name of Employer Occupation
SELF PODIATRIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19888

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
GUICE SLAWSON, JR.

Mailing Address 2155 ROSEMONT DRIVE

City State Zip Code
MONTGOMERY AL 36111

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

Name of Employer Occupation
SOUTHEAST WOOD TREATING SALES OFFICER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

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

Transaction ID: SA11A1.20003

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)
BEATRICE SMITH

Mailing Address 1219 DEVONSHIRE DRIVE

City State Zip Code
JACKSONVILLE AL 36265

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.19777

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)
DONNA H. SMITH

Mailing Address 1799 PEACEFUL VALLEY RD

City State Zip Code
EASTABOGA AL 36260

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

Name of Employer Occupation
THE SURGERY CENTER ADMINISTRATOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.20035

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 46 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
Hatton Smith

Mailing Address P.O. Box 170971

City Birmingham State AL Zip Code 35217

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

Name of Employer Royal Coffee Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19796

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)
JULIAN JR. SMITH

Mailing Address 3115 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer SOUTHERN COMPANY Occupation VICE PRESIDENT, CORPORATE RELATIONS

Receipt For: 2005
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19807

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)
WANDA SMITH

Mailing Address 87631 HIGHWAY 9

City LINEVILLE State AL Zip Code 36266

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

Name of Employer CLAY COUNTY MEDICAL CLINIC Occupation MEDICAL MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.19699

Amount of Each Receipt this Period
 500.00

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 47 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
TOMMY SPEARS

Mailing Address PO BOX 6135

City State Zip Code
TALLADEGA AL 35161

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

Name of Employer Occupation
SPEARS PHARMACY PHARMACY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.19980

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)
BERNARD SPURLIN

Mailing Address 83 BARFIELD SCHOOL DRIVE

City State Zip Code
LINEVILLE AL 36266

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20025

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
TERESA STANLEY

Mailing Address 1000 GREYSTONE DRIVE

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
SELF EMPLOYED SALES

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19919

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 48 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 1307 WASHINGTON, DR

City State Zip Code
ANNAPOLIS MN 21403

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

Name of Employer Occupation
ROBISON INTN'L CONSULTANT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.19989

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
L.J.* STYSLINGER, III

Mailing Address 2826 BALMORAL ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
ALTEC CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: SA11A1.19962

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)
GERALD SWARTHOUT, III

Mailing Address 4230 ANDERSON ROAD

City State Zip Code
OPELIKA AL 36803

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

Name of Employer Occupation
SCOTT BRIDGE COMPANY EXECUTIVE VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19913

Amount of Each Receipt this Period
400.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1900.00 |
| 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 49 / 119 |
| | <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)
Mike Rogers for Congress

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

Mailing Address 3114 LEBRON ROAD

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer Occupation
DAX SWATEK & ASSOCIATES POLITICAL CONSULTANT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19809

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)
MICHAEL TERRELL

Mailing Address 693 HIGHLAND RD

City State Zip Code
AUBURN AL 36830

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

Name of Employer Occupation
SCOTT BRIDGE CO. VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19909

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)
Michael Thompson

Mailing Address 1725 Somerset Circle

City State Zip Code
Birmingham AL 35213

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

Name of Employer Occupation
Thompson Tractor & Equipment Company Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.20181

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) | ▶ | 2250.00 |
| 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 50 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
GREG TUBBS

Mailing Address 1916 PLEASANT RIDGE CIRCLE

City State Zip Code
SYLACAUGA AL 35150

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

Name of Employer Occupation
FAIRMONT REALTY REALTOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: SA11A1.19676

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)
Kenneth Vandervoort

Mailing Address 1021 Montvue Road

City State Zip Code
Anniston AL 36207

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

Name of Employer Occupation
Anniston Orthopedics Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: SA11A1.19771

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)
CHARLES VANDEUSEN

Mailing Address 21160 E. FARM

City State Zip Code
NORTHVILLE MI 48167

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

Name of Employer Occupation
PAYNE & DOLAN CONSULTANT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.19835

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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: | PAGE 51 / 119 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
KEN VAUGHN

Mailing Address PO BOX 26

City State Zip Code
LINEVILLE AL 36266

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

Name of Employer Occupation
FIRST STATE BANK BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.20021

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
DOROTHY VEACH

Mailing Address 4106 RONNAKI ROAD

City State Zip Code
ANNISTON AL 36207

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19901

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)
T. Owen Vickers

Mailing Address P.O. Box 1596

City State Zip Code
Birmingham AL 35201

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

Name of Employer Occupation
Vickers & Vickers Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.20183

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| 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 52 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. THOMAS E. JR. WELLS | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address 633 SOLAR DRIVE | | Transaction ID: SA11A1.19673 |
| City State Zip Code FT. LAUDERDALE FL 33301 | 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 T.E. WELLS & CO. | Occupation INVESTOR | |
| Receipt For: 2006 <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. MICHAEL WIEDMER | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 |
| Mailing Address 25 DIANA HILLS RD | | Transaction ID: SA11A1.20006 |
| City State Zip Code ANNISTON AL 36207 | 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 ANNISTON ORTHOPEDICS | Occupation PHYSICIAN | |
| Receipt For: 2006 <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) C. MARY ELLEN WILLIAMS | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 15 ROBINWOOD LANE | | Transaction ID: SA11A1.19886 |
| City State Zip Code ANNISTON AL 36207 | 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 N/A | Occupation HOMEMAKER | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| 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 53 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
JAMES W. WILSON, JR

Mailing Address PO BOX 4480

City MONTGOMERY State AL Zip Code 36103

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

Name of Employer JIM WILSON & ASSOCIATES Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11A1.19782

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
JAMES W. WILSON, JR

Mailing Address PO BOX 4480

City MONTGOMERY State AL Zip Code 36103

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

Name of Employer JIM WILSON & ASSOCIATES Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19880

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
JAMES W. III WILSON

Mailing Address 4121 CARMICHAEL RD STE 501

City MONTGOMERY State AL Zip Code 36106

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

Name of Employer WILSON HOLDINGS, INC. Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19898

Amount of Each Receipt this Period
2000.00

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 6000.00 |
| 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 54 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM B. WILSON

Mailing Address 2660 EASTCHASE LANE
STE 100

City MONTGOMERY State AL Zip Code 36117

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

Name of Employer WILSON HOLDINGS, INC. Occupation VICE PRES. DEVELOPMENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11A1.19774

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
WYNONNA W. WILSON

Mailing Address PO BOX 4480

City MONTGOMERY State AL Zip Code 36103

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19879

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
STEPHEN WINDOM

Mailing Address PO BOX 850296

City MOBILE State AL Zip Code 36685

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19852

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) | ▶ | 5000.00 |
| 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 55 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
A. BAILEY, JR. WOOD

Mailing Address 4921 47TH STREET, NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
FLEISHMAN-HILLARD GOVT RE-LATIO SENIOR VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.19987

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
JOHN WOODALL

Mailing Address 7236 FAIRWOODS PLACE

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.19961

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)
MARY WOODALL

Mailing Address 7236 FAIRWOODS PLACE

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.19960

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| 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 56 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
GREG WREN

Mailing Address 7700 WYNLAKES BLVD

City State Zip Code
MONTGOMERY AL 36117

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

Name of Employer Occupation
NORTHWESTERN MUTUAL LIFE INSURANCE AGENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.19858

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
J. SHAN YOUNG

Mailing Address 1460 D SECOND AVENUE, SW

City State Zip Code
JACKSONVILLE AL 36265

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.19758

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)
DAVID ZINN

Mailing Address 720 EAST 6TH ST

City State Zip Code
ANNISTON AL 36207

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

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

Transaction ID: SA11A1.19982

Amount of Each Receipt this Period
500.00

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

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | 102661.84 |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input checked="" 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 | PAGE 57 / 119 |
|--|--|---------------|

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF TOM STRANGE | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 2821 EASTERN BLVD | | Transaction ID: SA11B.19877 |
| City MONTGOMERY State AL Zip Code 36116 | FEC ID number of contributing federal political committee. C | 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: 2006 <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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5 |
| Mailing Address 320 FIRST STREET SE | | Transaction ID: SA11B.20045 |
| City WASHINGTON State DC Zip Code 20003 | FEC ID number of contributing federal political committee. C C00002931 | Amount of Each Receipt this Period 98.00 |
| Name of Employer | Occupation | In-kind - BLAST FAX SERVICES <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 936.28 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5 |
| Mailing Address 320 FIRST STREET SE | | Transaction ID: SA11B.20043 |
| City WASHINGTON State DC Zip Code 20003 | FEC ID number of contributing federal political committee. C C00002931 | Amount of Each Receipt this Period 61.88 |
| Name of Employer | Occupation | In-kind - SATELLITE FEED SERVICE <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 998.16 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 659.88 |
| 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: | PAGE 58 / 119 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input 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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002931

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1096.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: SA11B.20041

Amount of Each Receipt this Period
98.00

In-kind - BLAST FAX SERVI-
CE
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
VIRGINIA FOXX FOR CONGRESS

Mailing Address 11468 HWY 105

City State Zip Code
BANNER ELK NC 28604

FEC ID number of contributing federal political committee. **C** C00386748

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA11B.19669

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) | ▶ | 1098.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1757.88 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

Full Name (Last, First, Middle Initial)
A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address 4301 WILSON BLVD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19914

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. ALABAMA NURSING HOME ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (ANHA PAC)

Mailing Address 4156 CARMICHAEL ROAD

City State Zip Code
MONTGOMERY AL 36106

FEC ID number of contributing federal political committee. **C** C00365973

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19851

Amount of Each Receipt this Period
3000.00

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

Full Name (Last, First, Middle Initial)
C. ALABAMA REPUBLICAN PARTY PAC

Mailing Address P.O. BOX 55628

City State Zip Code
Birmingham AL 35255

FEC ID number of contributing federal political committee. **C** C00044776

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.19811

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

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: PAGE 60 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. ALTRIA PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 CONSTITUTION AVENUE, NW
 SUITE 400W
 City State Zip Code
 WASHINGTON DC 20001
 FEC ID number of contributing federal political committee. **C** C00089136
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 5
Transaction ID: SA11C.20002
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 S PROSPECT AVENUE
 C/O FINANCE DEPT
 City State Zip Code
 PARK RIDGE IL 60068
 FEC ID number of contributing federal political committee. **C** C00173153
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 5
Transaction ID: SA11C.19739
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 MASSACHUSSETTS AVENUE
 City State Zip Code
 WASHINGTON DC 20002
 FEC ID number of contributing federal political committee. **C** C00367862
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 5
Transaction ID: SA11C.19891
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN BANKERS ASSN PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 1120 CONNETICUT AVENUE NW | | Transaction ID: SA11C.19854 |
| City WASHINGTON State DC Zip Code 20036 | FEC ID number of contributing federal political committee. C C00004275 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation | Receipt For: 2006 <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 ▼ | 4500.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN CONCRETE PAVEMENT ASSOCIATION PAC (ACPA) | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| Mailing Address 5420 Old Orchard Road Suite A-100 | | Transaction ID: SA11C.19837 |
| City Skokie State IL Zip Code 60077 | FEC ID number of contributing federal political committee. C C00322727 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Occupation | Receipt For: 2006 <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 ▼ | 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN HOSPITAL ASSN PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 325 7TH STREET NW | | Transaction ID: SA11C.19941 |
| City WASHINGTON State DC Zip Code 20004 | FEC ID number of contributing federal political committee. C C00106146 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation | Receipt For: 2006 <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 ▼ | 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

Full Name (Last, First, Middle Initial)
A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE NW
12TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19853

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN OPTOMETRIC ASSOCIATION

Mailing Address 1505 PRINCE STREET STE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19861

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: SA11C.19678

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) ► **3000.00**

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 63 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC) | | Date of Receipt |
| Mailing Address 1201 15TH STREET NW 4TH FLOOR | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 9 / 2 0 0 5 |
| City | State | Zip Code |
| WASHINGTON | DC | 20005 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11C.19932 |
| C C00129932 | | 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: 2006 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 5000.00 | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. AMSOUTH BANK PAC | | Date of Receipt |
| Mailing Address PO BOX 431 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 9 / 2 0 0 5 |
| City | State | Zip Code |
| MONTGOMERY | AL | 36101 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11C.19803 |
| C C00168575 | | Amount of Each Receipt this Period |
| | | 2750.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | | |
| Receipt For: 2006 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 4000.00 | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE | | Date of Receipt |
| Mailing Address 333 HON CARLYLE STREET, SUITE 200 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 6 / 2 0 0 5 |
| City | State | Zip Code |
| ALEXANDRIA | VA | 22314 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11C.19862 |
| C C00082917 | | 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: 2006 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 2000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 8750.00 |
| 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 64 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. AUTOMOTIVE FREE INTERNATIONAL TRADE | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 1625 PRINCE STREET SUTIE 225 | | Transaction ID: SA11C.19682 |
| City ALEXANDRIA State VA Zip Code 22314 | FEC ID number of contributing federal political committee. C C00250399 | Amount of Each Receipt this Period 2500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. BACK AMERICA'S CONSERVATIVES PAC (BAC PAC) | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 |
| Mailing Address 1251 DARTMOUTH COURT | | Transaction ID: SA11C.20201 |
| City ALEXANDRIA State VA Zip Code 22314 | FEC ID number of contributing federal political committee. C C00377028 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | CONDUIT PAC FOR DELOITTE & TOUCHE <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ .00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. BACK AMERICA'S CONSERVATIVES PAC (BAC PAC) | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 |
| Mailing Address 1251 DARTMOUTH COURT | | Transaction ID: SA11C.20204 |
| City ALEXANDRIA State VA Zip Code 22314 | FEC ID number of contributing federal political committee. C C00377028 | Amount of Each Receipt this Period 35.00 |
| Name of Employer | Occupation | In-kind - CATERING COSTS <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2035.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2535.00 |
| 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: PAGE 65 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
BALCH & BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00358440

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.19814

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
BALCH & BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00358440

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11C.19993

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)
BECHTEL GROUP INC PAC (AKA BECHTEL PAC AND BECHTEL POLITICAL ACTION COMMITTEE)

Mailing Address 50 BEALE STREET, P.O. BOX 193965
50 BEALE STREET

City State Zip Code
SAN FRANCISCO CA 94119

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.19954

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) ▶ **5000.00**

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: PAGE 66 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1155 Peachtree St. NE
14K01

City Atlanta State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00174060

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11C.19992

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)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.19773

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)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11C.20015

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) ► **3000.00**

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: PAGE 67 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
BRINK'S COMPANY POLITICAL ACTION COMMITTEE, THE

Mailing Address 1801 Bayberry Court
Suite 400

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00207472

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11C.19679

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: SA11C.20004

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Colonial Properties Trust PAC

Mailing Address 2101 6th Avenue, North
Ste 750

City Birmingham State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C** C00327668

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.19810

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) ► **6500.00**

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: PAGE 68 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. COMPASS BANCSHARES INC POLITICAL ACTION COMMITTEE (COMPASS BANCPCAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 10566
 City State Zip Code
 BIRMINGHAM AL 35296
 FEC ID number of contributing federal political committee. **C** C00142596
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5
Transaction ID: SA11C.19931
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 909700
 City State Zip Code
 KANSAS CITY MO 64190
 FEC ID number of contributing federal political committee. **C** C00001388
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5
Transaction ID: SA11C.20014
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA)
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 WESTPARK DRIVE
 City State Zip Code
 MCLEAN VA 22102
 FEC ID number of contributing federal political committee. **C** C00040998
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 5
Transaction ID: SA11C.19857
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**
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: PAGE 69 / 119
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

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

Mailing Address P.O. BOX 2626

City State Zip Code
TUSCALOOSA AL 35403

FEC ID number of contributing federal political committee. **C** C00325993

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11C.19995

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address P.O. BOX 2626

City State Zip Code
TUSCALOOSA AL 35403

FEC ID number of contributing federal political committee. **C** C00325993

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11C.19996

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
DELOITTE AND TOUCHE PAC

Mailing Address P.O. BOX 365

City State Zip Code
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: SA11C.19683

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | PAGE 70 / 119 |
| | (check only one) | <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)
Mike Rogers for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. DELOITTE AND TOUCHE PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5 | |
| Mailing Address P.O. BOX 365 | | Transaction ID: SA11C.19686 | |
| City State Zip Code WASHINGTON DC 20044 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00211318 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <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. DPAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address PO BOX 10246 | | Transaction ID: SA11C.19788 | |
| City State Zip Code BIRMINGHAM AL 35202 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00160630 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <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) C. Energen Corporate PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address 2101 6th Avenue, North | | Transaction ID: SA11C.19804 | |
| City State Zip Code Birmingham AL 35023 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00135855 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| 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 71 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL AKA ERIC PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 4914 Fitzhugh Avenue Suite 200 | | Transaction ID: SA11C.19934 |
| City State Zip Code Richmond VA 23230 | Amount of Each Receipt this Period 4000.00 | |
| FEC ID number of contributing federal political committee. C C00384701 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 9927.19 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 3190 FAIRVIEW PARK DRIVE | | Transaction ID: SA11C.19925 |
| City State Zip Code FALLS CHURCH VA 22042 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00078451 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. GREENBERG, TRAUERIG, HOFFMAN, LIPOFF, ROSEN & QUENTEL, P A POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| Mailing Address 1221 BRICKELL AVENUE | | Transaction ID: SA11C.19823 |
| City State Zip Code MIAMI FL 33121 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00266585 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| 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: | PAGE 72 / 119 |
| | (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)
Mike Rogers for Congress

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

Mailing Address ONE MADISON INDUSTRIAL PARKWAY

City State Zip Code
HUNTSVILLE AL 35807

FEC ID number of contributing federal political committee. **C** C00201491

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.19817

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)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19863

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)
JM FAMILY ENTERPRISES INC POLITICAL ACTION COMMITTEE

Mailing Address 100 NW 12 AVENUE
PO BOX 1160

City State Zip Code
DEERFIELD BEACH FL 33443

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19866

Amount of Each Receipt this Period
500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 73 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC

Mailing Address BOX 64101

City ST PAUL State MN Zip Code 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11C.20012

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)
LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 Berkeley Steet

City Boston State MA Zip Code 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.19687

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)
MAYER ELECTRIC SUPPLY COMPANY INC POLITICAL ACTION COMMITTEE, THE (MAYER ELECTRIC SUPPLY COMPANY INC)

Mailing Address POST OFFICE BOX 1328

City BIRMINGHAM State AL Zip Code 35201

FEC ID number of contributing federal political committee. **C** C00305599

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.19779

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) | ▶ | 3000.00 |
| 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 74 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICA'S FREE ENTERPRISE TRUST | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 |
| Mailing Address 1201 F STREET NW SUITE 200 | | Transaction ID: SA11C.20008 |
| City State Zip Code WASHINGTON DC 20004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00101105 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <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. NATIONAL PROPANE GAS ASSOC. PAC | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 |
| Mailing Address 1600 EISENHOWER LANE | | Transaction ID: SA11C.19855 |
| City State Zip Code LISLE IL 60532 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00079681 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <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) C. OLDCASTLE MATERIALS INC. PAC | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| Mailing Address 101 Constitution Avenue 600 W | | Transaction ID: SA11C.19839 |
| City State Zip Code Washington DC 20001 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00346353 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 North Fairfax Street
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C** C00012880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
M M / D D / Y Y Y Y
 1 2 / 0 6 / 2 0 0 5
Transaction ID: SA11C.19900
 Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. PROTECTIVE LIFE CORPORATION FEDERAL POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2606
 City State Zip Code
 BIRMINGHAM AL 35202
 FEC ID number of contributing federal political committee. **C** C00161414
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 5
Transaction ID: SA11C.19964
 Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. RATHEON COMPANY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 SPRING STREET
 City State Zip Code
 LEXINGTON MA 02421
 FEC ID number of contributing federal political committee. **C** C00097568
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 5
Transaction ID: SA11C.19952
 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) | 3000.00 |
| 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: PAGE 76 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

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

Mailing Address 141 SPRING STREET

City State Zip Code
LEXINGTON KY 02421

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA11C.19994

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)
RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETAIL LEADERS

Mailing Address 1700 N. Moore Street
Suite 2250

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11C.19935

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)
RUSSELL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 272

City State Zip Code
ALEXANDER CITY AL 35011

FEC ID number of contributing federal political committee. **C** C00093195

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11C.19937

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) ► 2500.00

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 77 / 119 |
| | <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)
Mike Rogers for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE | | Date of Receipt |
| Mailing Address 10260 CAMPUS POINT DRIVE F2 | | M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5 |
| City State Zip Code SAN DIEGO CA 92121 | FEC ID number of contributing federal political committee. C C00300418 | Transaction ID: SA11C.19757 |
| Name of Employer Occupation | 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) |
| Receipt For: 2006 <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. THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT | | Date of Receipt |
| Mailing Address P. O. Drawer 1734 | | M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| City State Zip Code Atlanta GA 30313 | FEC ID number of contributing federal political committee. C C00012468 | Transaction ID: SA11C.19832 |
| Name of Employer Occupation | 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) |
| Receipt For: 2006 <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) C. TORCHMARK CORP PAC | | Date of Receipt |
| Mailing Address 2001 THIRD AVENUE SOUTH | | M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 |
| City State Zip Code BIRMINGHAM AL 35233 | FEC ID number of contributing federal political committee. C C00167460 | Transaction ID: SA11C.19800 |
| Name of Employer Occupation | 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) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 119 |
| | <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
UNIVERSITY OF SOUTH ALABAMA FEDERAL PAC

Mailing Address 9741 BENT BROOK DRIVE

City State Zip Code
MONTGOMERY AL 36117

FEC ID number of contributing federal political committee. **C** C00384883

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11C.20016

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)
VULCAN MATERIALS COMPANY-POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 385014

City State Zip Code
BIRMINGHAM AL 35238

FEC ID number of contributing federal political committee. **C** C00116020

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.19805

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 FEDERAL FUND I

Mailing Address 301 S COLLEGE ST
ATTN: BRENDA BRADLEY

City State Zip Code
CHARLOTTE NC 28288

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19873

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) | ▶ | 2250.00 |
| 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: | PAGE 79 / 119 |
| | (check only one) | |
| <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)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
WALTER INDUSTRIES INC PAC

Mailing Address 1500 NORTH DALE MABRY

City State Zip Code
TAMPA FL 33631

FEC ID number of contributing federal political committee.
C C00106971

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: SA11C.19881

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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 90535.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

A. Full Name (Last, First, Middle Initial)
FARMER'S & MERCHANTS BANK

Mailing Address 1429 QUINTARD AVENUE

City State Zip Code
ANNISTON AL 36201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6401.45

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

Transaction ID: SA15.19684

Amount of Each Receipt this Period
 960.86

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

B. Full Name (Last, First, Middle Initial)
FARMER'S & MERCHANTS BANK

Mailing Address 1429 QUINTARD AVENUE

City State Zip Code
ANNISTON AL 36201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7029.50

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

Transaction ID: SA15.19849

Amount of Each Receipt this Period
 628.05

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

C. Full Name (Last, First, Middle Initial)
FARMER'S & MERCHANTS BANK

Mailing Address 1429 QUINTARD AVENUE

City State Zip Code
ANNISTON AL 36201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7853.48

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

Transaction ID: SA15.20193

Amount of Each Receipt this Period
 823.98

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

SUBTOTAL of Receipts This Page (optional) ► **2412.89**

TOTAL This Period (last page this line number only) ► **2412.89**

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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Alabama Department of Revenue | | Transaction ID: SB17.20092 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address P.O. Box 327483 | | Amount of Each Disbursement this Period 576.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Montgomery State AL Zip Code 36132-7483 | | |
| Purpose of Disbursement PAYROLL LIABILITIES Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Alabama Power Company | | Transaction ID: SB17.20062 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address P.O. Box 242 | | Amount of Each Disbursement this Period 282.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35292 | | |
| Purpose of Disbursement UTILITIES - ELECTRICAL Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Alabama Power Company | | Transaction ID: SB17.20111 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address P.O. Box 242 | | Amount of Each Disbursement this Period 210.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35292 | | |
| Purpose of Disbursement UTILITIES - ELECTRICAL Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1070.51 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ALABAMA REPUBLICAN COUNCIL | | Transaction ID: SB17.20138 Date of Disbursement |
| Mailing Address PO BOX 611147 | | <input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2005"/> |
| City BIRMINGHAM | State AL | Zip Code 35261 |
| Purpose of Disbursement TABLE SPONSORSHIP | <input type="text"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Alagasco | | Transaction ID: SB17.20052 Date of Disbursement |
| Mailing Address P.O. BOX 11407 | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2005"/> |
| City BIRMINGHAM | State AL | Zip Code 35246 |
| Purpose of Disbursement UTILITIES - GAS | <input type="text"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="15.80"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Alagasco | | Transaction ID: SB17.20084 Date of Disbursement |
| Mailing Address P.O. BOX 11407 | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/> |
| City BIRMINGHAM | State AL | Zip Code 35246 |
| Purpose of Disbursement UTILITIES - GAS | <input type="text"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="15.79"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="531.59"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Alagasco | | Transaction ID: SB17.20126 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5 |
| Mailing Address P.O. BOX 11407 | | Amount of Each Disbursement this Period 28.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City BIRMINGHAM State AL Zip Code 35246 | Purpose of Disbursement UTILITIES - GAS Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Anniston Water Works & Sewer Board | | Transaction ID: SB17.20078 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 |
| Mailing Address P.O. Box 2268 | | Amount of Each Disbursement this Period 15.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Anniston State AL Zip Code 36202 | Purpose of Disbursement UTILITIES - WATER Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Anniston Water Works & Sewer Board | | Transaction ID: SB17.20134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5 |
| Mailing Address P.O. Box 2268 | | Amount of Each Disbursement this Period 16.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Anniston State AL Zip Code 36202 | Purpose of Disbursement UTILITIES - WATER Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 59.90 |
| 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)
Mike Rogers for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BLASDEL FOR CONGRESS | | Transaction ID: SB17.20093 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address PO BOX 2021 | | 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 EAST LIVERPOOL State OH Zip Code 43920 | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BURNS FOR CONGRESS | | Transaction ID: SB17.20070 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5 |
| Mailing Address PO BOX 1965 | | 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 SYLVANIA State GA Zip Code 30467 | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CABLE ONE | | Transaction ID: SB17.20055 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address P.O. BOX 9001567 | | Amount of Each Disbursement this Period 86.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City LOUISVILLE State KY Zip Code 40290-1567 | | |
| Purpose of Disbursement CABLE/NETWORK EXPENSE Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2086.89 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CABLE ONE | | Transaction ID: SB17.20086 Date of Disbursement |
| Mailing Address P.O. BOX 9001567 | | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City LOUISVILLE | State KY | Zip Code 40290-1567 |
| Purpose of Disbursement CABLE/NETWORK | Candidate Name | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="86.89"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CABLE ONE | | Transaction ID: SB17.20153 Date of Disbursement |
| Mailing Address P.O. BOX 9001567 | | <input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City LOUISVILLE | State KY | Zip Code 40290-1567 |
| Purpose of Disbursement CABLE/NETWORK EXPENSE | Candidate Name | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="86.89"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB | | Transaction ID: SB17.20081 Date of Disbursement |
| Mailing Address 300 1st STREET, SE | | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement DUES & SUBSCRIPTIONS | Candidate Name | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period <input type="text" value="50.00"/> | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | |

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|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="223.78"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CINGULAR INTERACTIVE | | Transaction ID: SB17.20057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address PO BOX 828435 | | Amount of Each Disbursement this Period 42.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City PHILADELPHIA State PA Zip Code 19182 | | |
| Purpose of Disbursement EQUIPMENT LEASE Candidate Name _____ | | Category/Type <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CINGULAR INTERACTIVE | | Transaction ID: SB17.20112 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address PO BOX 828435 | | Amount of Each Disbursement this Period 42.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City PHILADELPHIA State PA Zip Code 19182 | | |
| Purpose of Disbursement EQUIPMENT LEASE Candidate Name _____ | | Category/Type <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CINGULAR INTERACTIVE | | Transaction ID: SB17.20157 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address PO BOX 828435 | | Amount of Each Disbursement this Period 42.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City PHILADELPHIA State PA Zip Code 19182 | | |
| Purpose of Disbursement EQUIPMENT LEASE Candidate Name _____ | | Category/Type <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 128.10 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CINGULAR WIRELESS* | | Transaction ID: SB17.20076 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 |
| Mailing Address PO BOX 772349 | | Amount of Each Disbursement this Period 146.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CINGULAR WIRELESS* | | Transaction ID: SB17.20118 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 |
| Mailing Address PO BOX 772349 | | Amount of Each Disbursement this Period 139.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CINGULAR WIRELESS* | | Transaction ID: SB17.20171 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 |
| Mailing Address PO BOX 772349 | | Amount of Each Disbursement this Period 143.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 429.62 |
| 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)
Mike Rogers for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. COLORADANS FOR RICK O'DONNELL | | Transaction ID: SB17.20095 |
| Mailing Address PO BOX 260693 | | Date of Disbursement 10 / 24 / 2005 |
| City LAKEWOOD | State CO | Zip Code 80226 |
| Purpose of Disbursement CONTRIBUTION | Amount of Each Disbursement this Period 1000.00 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: CO | District: 07 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CONFERENCE AMERICA | | Transaction ID: SB17.20156 |
| Mailing Address P.O. BOX 241188 | | Date of Disbursement 11 / 30 / 2005 |
| City MONTGOMERY | State AL | Zip Code 36124 |
| Purpose of Disbursement CONFERENCE CALL SERVICE | Amount of Each Disbursement this Period 195.89 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: | District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CRAWFORD OFFICE SUPPLY | | Transaction ID: SB17.20077 |
| Mailing Address P.O. BOX 2702 | | Date of Disbursement 10 / 17 / 2005 |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement OFFICE SUPPLIES | Amount of Each Disbursement this Period 21.44 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: | District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1217.33 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Dax Swatek & Associates | | Transaction ID: SB17.20059 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address P.O. Box 1703 | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Montgomery State AL Zip Code 36102 | Purpose of Disbursement POLITICAL CONSULTATION EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Dax Swatek & Associates | | Transaction ID: SB17.20115 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address P.O. Box 1703 | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Montgomery State AL Zip Code 36102 | Purpose of Disbursement POLITICAL CONSULTATION EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Dax Swatek & Associates | | Transaction ID: SB17.20160 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address P.O. Box 1703 | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Montgomery State AL Zip Code 36102 | Purpose of Disbursement POLITICAL CONSULTATION EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20067 | |
| Mailing Address 1429 QUINTARD AVENUE | | Date of Disbursement 10 / 03 / 2005 | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period 549.06 |
| Purpose of Disbursement PAYROLL LIABILITIES | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20091 | |
| Mailing Address 1429 QUINTARD AVENUE | | Date of Disbursement 10 / 24 / 2005 | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period 1047.96 |
| Purpose of Disbursement PAYROLL LIABILITIES | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) C. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20116 | |
| Mailing Address 1429 QUINTARD AVENUE | | Date of Disbursement 10 / 31 / 2005 | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period 31.00 |
| Purpose of Disbursement BANK SERVICE CHARGES | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1628.02 |
| 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)
Mike Rogers for Congress

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20121 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1429 QUINTARD AVENUE | | <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PAYROLL LIABILITY | | Category/ Type | 2122.04 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20163 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1429 QUINTARD AVENUE | | <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>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 3 | 0 | / | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK SERVICE CHARGES | | Category/ Type | 31.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20191 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1429 QUINTARD AVENUE | | <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>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK SERVICE CHARGES | | Category/ Type | 31.00 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2184.04 |
| 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)
Mike Rogers for Congress

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. FARMER'S & MERCHANTS BANK | | Transaction ID: SB17.20192 | |
| Mailing Address 1429 QUINTARD AVENUE | | Date of Disbursement 12 / 21 / 2005 | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period 23.50 |
| Purpose of Disbursement BANK DEBIT FOR CHECK ORDER SUPPLIES | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Mike Hubbard | | Transaction ID: SB17.20106 | |
| Mailing Address P. O. Box 950 | | Date of Disbursement 10 / 27 / 2005 | |
| City Auburn | State AL | Zip Code 36831 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: AL District: 79 | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Mike Hubbard | | Transaction ID: SB17.20178 | |
| Mailing Address P. O. Box 950 | | Date of Disbursement 10 / 27 / 2005 | |
| City Auburn | State AL | Zip Code 36831 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: AL District: 79 | | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2023.50 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. GARING BUSINESS MACHINES | | Transaction ID: SB17.20128 Date of Disbursement |
| Mailing Address PO BOX 916 | | <input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City TALLADEGA | State AL | Zip Code 35161 |
| Purpose of Disbursement EQUIPMENT LEASE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="375.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. GE CAPITAL | | Transaction ID: SB17.20080 Date of Disbursement |
| Mailing Address PO BOX 740441 | | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City ATLANTA | State GA | Zip Code 30374-0441 |
| Purpose of Disbursement COPIER LEASE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="365.69"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GE CAPITAL | | Transaction ID: SB17.20133 Date of Disbursement |
| Mailing Address PO BOX 740441 | | <input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City ATLANTA | State GA | Zip Code 30374-0441 |
| Purpose of Disbursement COPIER LEASE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="400.52"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1141.21"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ITC DELTA COM | | Transaction ID: SB17.20079 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 |
| Mailing Address PO BOX 1233 | | Amount of Each Disbursement this Period 295.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ARAB State AL Zip Code 35016 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. ITC DELTA COM | | Transaction ID: SB17.20135 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5 |
| Mailing Address PO BOX 1233 | | Amount of Each Disbursement this Period 296.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ARAB State AL Zip Code 35016 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ITC DELTA COM | | Transaction ID: SB17.20147 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address PO BOX 1233 | | Amount of Each Disbursement this Period 308.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ARAB State AL Zip Code 35016 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 900.98 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. KATHERINE HARRIS FOR SENATE | | Transaction ID: SB17.20144 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address PO BOX 25397 | | 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 TAMPA State FL Zip Code 33622 | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LAMBERTI FOR CONGRESS | | Transaction ID: SB17.20100 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address PO BOX 785 | | 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 ANKENY State IA Zip Code 50021 | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MAC COLLINS FOR CONGRESS | | Transaction ID: SB17.20099 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address P.O. Box 962 | | 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 Jackdon State GA Zip Code 30233 | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. WILLIAM MILLIGAN | | Transaction ID: SB17.20089 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5 |
| Mailing Address 1911 R STREET NW APT 202 | | Amount of Each Disbursement this Period 2850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WASHINGTON State DC Zip Code 20009 | Purpose of Disbursement FUNDRAISING CONSULTATION EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. WILLIAM MILLIGAN | | Transaction ID: SB17.20172 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 |
| Mailing Address 1911 R STREET NW APT 202 | | Amount of Each Disbursement this Period 932.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WASHINGTON State DC Zip Code 20009 | Purpose of Disbursement TRAVEL EXPENDITURES REIMBURSEMENT Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MONDAY'S PEST CONTROL | | Transaction ID: SB17.20053 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address P.O. BOX 1622 | | Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement UTILITIES - PEST CONTROL Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3807.60 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MONDAY'S PEST CONTROL | | Transaction ID: SB17.20082 | |
| Mailing Address P.O. BOX 1622 | | Date of Disbursement 10 / 17 / 2005 | |
| City ANNISTON | State AL | Zip Code 36202 | Amount of Each Disbursement this Period 25.00 |
| Purpose of Disbursement UTILITIES - PEST CONTROL | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MONDAY'S PEST CONTROL | | Transaction ID: SB17.20130 | |
| Mailing Address P.O. BOX 1622 | | Date of Disbursement 11 / 14 / 2005 | |
| City ANNISTON | State AL | Zip Code 36202 | Amount of Each Disbursement this Period 25.00 |
| Purpose of Disbursement UTILITIES - PEST CONTROL | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. MONTGOMERY COUNTY REPUBLICAN CLUB | | Transaction ID: SB17.20169 | |
| Mailing Address 1619 WORTHING ROAD | | Date of Disbursement 12 / 09 / 2005 | |
| City MONTGOMERY | State AL | Zip Code 36117 | Amount of Each Disbursement this Period 200.00 |
| Purpose of Disbursement TABLE SPONSORSHIP | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MOORE PRINTING COMPANY | | Transaction ID: SB17.20051 Date of Disbursement |
| Mailing Address 1025 GURNEE AVENUE | | <input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement PRINTING EXPENSE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="170.64"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MOORE PRINTING COMPANY | | Transaction ID: SB17.20063 Date of Disbursement |
| Mailing Address 1025 GURNEE AVENUE | | <input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement PRINTING EXPENSE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="127.98"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MOORE PRINTING COMPANY | | Transaction ID: SB17.20150 Date of Disbursement |
| Mailing Address 1025 GURNEE AVENUE | | <input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement PRINTING EXPENSE | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="303.78"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="602.40"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. MOORE PRINTING COMPANY | | Transaction ID: SB17.20151 | |
| Mailing Address 1025 GURNEE AVENUE | | Date of Disbursement 11 / 30 / 2005 | |
| City ANNISTON | State AL | Amount of Each Disbursement this Period 53.98 | |
| Zip Code 36201 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PRINTING EXPENSE | Category/Type | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.20058 | |
| Mailing Address 320 FIRST STREET SE | | Date of Disbursement 10 / 01 / 2005 | |
| City WASHINGTON | State DC | Amount of Each Disbursement this Period 15000.00 | |
| Zip Code 20003 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TRANSFERS FOR MEMBERSHIP DUES | Category/Type | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.20046 | |
| Mailing Address 320 FIRST STREET SE | | Date of Disbursement 10 / 14 / 2005 | |
| City WASHINGTON | State DC | Amount of Each Disbursement this Period 98.00 | |
| Zip Code 20003 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement In-kind - BLAST FAX SERVICES | Category/Type | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 15151.98 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.20044 Date of Disbursement |
| Mailing Address 320 FIRST STREET SE | | <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2005"/> |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement In-kind - SATELLITE FEED SERVICE | Amount of Each Disbursement this Period <input type="text" value="61.88"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.20042 Date of Disbursement |
| Mailing Address 320 FIRST STREET SE | | <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2005"/> |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement In-kind - BLAST FAX SERVICE | Amount of Each Disbursement this Period <input type="text" value="98.00"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NOBLE BANK & TRUST, N.A. | | Transaction ID: SB17.20187 Date of Disbursement |
| Mailing Address 1509 QUINTARD AVENUE | | <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2005"/> |
| City ANNISTON State AL Zip Code 36201 | Purpose of Disbursement PURCHASED CD AS INVESTMENT | Amount of Each Disbursement this Period <input type="text" value="200000.00"/> |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="159.88"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 119

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Rogers for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. NOBLE BANK & TRUST, N.A. | | Transaction ID: SB17.20188 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5 | |
| Mailing Address 1509 QUINTARD AVENUE | | Amount of Each Disbursement this Period 200000.00 | |
| City ANNISTON State AL Zip Code 36201 | Purpose of Disbursement PURCHASED CD AS INVESTMENT | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type | [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. D. TYLER O'CONNER | | Transaction ID: SB17.20047 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 | |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 984.79 | |
| City AUBURN State AL Zip Code 36830 | Purpose of Disbursement PAYROLL EXPENSE | <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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. D. TYLER O'CONNER | | Transaction ID: SB17.20068 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5 | |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 488.76 | |
| City AUBURN State AL Zip Code 36830 | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1473.55 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. D. TYLER O'CONNER | | Transaction ID: SB17.20108 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 984.80 |
| City AUBURN State AL Zip Code 36830 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. D. TYLER O'CONNER | | Transaction ID: SB17.20110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 122.57 |
| City AUBURN State AL Zip Code 36830 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE EXPENSE REIMBURSEMENT | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. D. TYLER O'CONNER | | Transaction ID: SB17.20154 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 115.20 |
| City AUBURN State AL Zip Code 36830 | <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 State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1222.57 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. D. TYLER O'CONNER | | Transaction ID: SB17.20161 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 984.79 |
| City AUBURN State AL Zip Code 36830 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. D. TYLER O'CONNER | | Transaction ID: SB17.20177 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 1997 BLUFF COURT | | Amount of Each Disbursement this Period 103.68 |
| City AUBURN State AL Zip Code 36830 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. QUALITY STORAGE | | Transaction ID: SB17.20060 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address 1408 PELHAM ROAD SOUTH | | Amount of Each Disbursement this Period 30.00 |
| City JACKSONVILLE State AL Zip Code 36265 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement STORAGE FACILITY RENTAL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1118.47 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. QUALITY STORAGE | | Transaction ID: SB17.20114 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 1408 PELHAM ROAD SOUTH | | Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City JACKSONVILLE State AL Zip Code 36265 | Purpose of Disbursement STORAGE FACILITY RENTAL EXPENSE Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. QUALITY STORAGE | | Transaction ID: SB17.20159 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 1408 PELHAM ROAD SOUTH | | Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City JACKSONVILLE State AL Zip Code 36265 | Purpose of Disbursement STORAGE FACILITY RENTAL EXPENSE Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. RALPH NORMAN FOR CONGRESS | | Transaction ID: SB17.20119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 |
| Mailing Address PO BOX 36335 | | 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 ROCK HILL State SC Zip Code 29732 | Purpose of Disbursement CONTRIBUTION Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1060.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 119

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Rogers for Congress

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. RANDY WOOD CAMPAIGN COMMITTEE | | Transaction ID: SB17.20072 | |
| Mailing Address PO BOX 4432 | | Date of Disbursement 10 / 05 / 2005 | |
| City ANNISTON | State AL | Zip Code 36204 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement CONTRIBUTION | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: AL | District: 36 | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. REGIONS BANK | | Transaction ID: SB17.20167 | |
| Mailing Address 1031 QUINTARD AVENUE | | Date of Disbursement 12 / 07 / 2005 | |
| City ANNISTON | State AL | Zip Code 36201 | Amount of Each Disbursement this Period 840.89 |
| Purpose of Disbursement POSTAGE & DELIVERY | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) C. Donna Elizabeth Rogers | | Transaction ID: SB17.20143 | |
| Mailing Address 51 PAWNEE DRIVE | | Date of Disbursement 11 / 30 / 2005 | |
| City ANNISTON | State AL | Zip Code 36206 | Amount of Each Disbursement this Period 68.68 |
| Purpose of Disbursement GIFTS EXPENSE REIMB. | | Category/ Type | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1909.57 |
| 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)
Mike Rogers for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michael Rogers | | Transaction ID: SB17.20050 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address 123 East 13th Street | | Amount of Each Disbursement this Period 55.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Anniston State AL Zip Code 36201 | Purpose of Disbursement GIFTS EXPENSE REIMBURSEMENT Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Michael Rogers | | Transaction ID: SB17.20136 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5 |
| Mailing Address 123 East 13th Street | | Amount of Each Disbursement this Period 144.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Anniston State AL Zip Code 36201 | Purpose of Disbursement TRAVEL & GIFT EXPENSE REIMBURSEMENT Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sheri Rollins | | Transaction ID: SB17.20049 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address 555 County Road 137 | | Amount of Each Disbursement this Period 1192.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Delta State AL Zip Code 36258 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1392.78 |
| 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)

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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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sheri Rollins | | Transaction ID: SB17.20109 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 555 County Road 137 | | Amount of Each Disbursement this Period 1192.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Delta State AL Zip Code 36258 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Sheri Rollins | | Transaction ID: SB17.20162 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 555 County Road 137 | | Amount of Each Disbursement this Period 1192.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Delta State AL Zip Code 36258 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sheri Rollins | | Transaction ID: SB17.20176 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 555 County Road 137 | | Amount of Each Disbursement this Period 1192.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Delta State AL Zip Code 36258 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3577.14 |
| 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)
Mike Rogers for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ROSKAM FOR CONGRESS COMMITTEE | | Transaction ID: SB17.20097 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address 141 SHELLEY LANE | | Amount of Each Disbursement this Period 1000.00 |
| City WHEATON State IL Zip Code 60187 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ROULSTONE FOR CONGRESS | | Transaction ID: SB17.20102 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 |
| Mailing Address 2932 139TH AVE, SE | | Amount of Each Disbursement this Period 1000.00 |
| City SNOHOMISH State WA Zip Code 98290 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. LAURA SATTERFIELD | | Transaction ID: SB17.20048 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2462.77 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. LAURA SATTERFIELD | | Transaction ID: SB17.20074 Date of Disbursement 10 / 07 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.78 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LAURA SATTERFIELD | | Transaction ID: SB17.20075 Date of Disbursement 10 / 14 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. LAURA SATTERFIELD | | Transaction ID: SB17.20090 Date of Disbursement 10 / 21 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.78 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1388.33 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. LAURA SATTERFIELD | | Transaction ID: SB17.20107 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LAURA SATTERFIELD | | Transaction ID: SB17.20117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.78 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. LAURA SATTERFIELD | | Transaction ID: SB17.20124 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1388.32 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. LAURA SATTERFIELD | | Transaction ID: SB17.20137 Date of Disbursement 11 / 18 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LAURA SATTERFIELD | | Transaction ID: SB17.20140 Date of Disbursement 11 / 23 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.79 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. LAURA SATTERFIELD | | Transaction ID: SB17.20141 Date of Disbursement 11 / 23 / 2005 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 1433.18 |
| City ANNISTON State AL Zip Code 36202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PAYROLL EXPENSE | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2358.74 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 119

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. LAURA SATTERFIELD | | Transaction ID: SB17.20164 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. LAURA SATTERFIELD | | Transaction ID: SB17.20168 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. LAURA SATTERFIELD | | Transaction ID: SB17.20170 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1388.32 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 119

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. LAURA SATTERFIELD | | Transaction ID: SB17.20173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. LAURA SATTERFIELD | | Transaction ID: SB17.20175 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 930 OLD GADSDEN HWY | | Amount of Each Disbursement this Period 462.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement PAYROLL EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES | | Transaction ID: SB17.20155 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 10 MAIN STREET | | Amount of Each Disbursement this Period 2113.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City JAFFREY State NH Zip Code 03452 | Purpose of Disbursement DONOR MAIL EXPENSE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3038.76 |
| 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)
Mike Rogers for Congress

Full Name (Last, First, Middle Initial)

A. SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE

Mailing Address 7 EAST 17TH STREET

City ANNISTON State AL Zip Code 36201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.20142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. TALLADEGA SUPER SPEEDWAY

Mailing Address PO BOX 777

City TALLADEGA State AL Zip Code 35161

Purpose of Disbursement
TICKET EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.20066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. THE CONGRESSIONAL CLUB

Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
MEMBERSHIP FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.20122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. THE CONGRESSIONAL CLUB | | Transaction ID: SB17.20123 Date of Disbursement |
| Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW | | <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2005"/> |
| City WASHINGTON | State DC | Zip Code 20009 |
| Purpose of Disbursement CONGRESSIONAL COOKBOOKS | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="240.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. THE SANDERS COMPANY OF ANNISTON | | Transaction ID: SB17.20085 Date of Disbursement |
| Mailing Address 1119 NOBLE STREET | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2005"/> |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement DATA & REPORT PREPARATION | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="510.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. THE SANDERS COMPANY OF ANNISTON | | Transaction ID: SB17.20125 Date of Disbursement |
| Mailing Address 1119 NOBLE STREET | | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2005"/> |
| City ANNISTON | State AL | Zip Code 36201 |
| Purpose of Disbursement DATA & REPORT PREPARATION FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1781.25"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2531.25"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Rogers for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. TOM DELAY LEGAL EXPENSE TRUST | | Transaction ID: SB17.20069 Date of Disbursement |
| Mailing Address 2100 M STREET, NW #170-286 | | <input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2005"/> |
| City WASHINGTON State DC Zip Code 20037 | Purpose of Disbursement CONTRIBUTION | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="2000.00"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. UNITED CEREBRAL PALSY OF EAST ALABAMA | | Transaction ID: SB17.20165 Date of Disbursement |
| Mailing Address PO BOX 694 | | <input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2005"/> |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement DONAT. OF CONTR FROM REP DUKE CUNNINGHAM | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="1000.00"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. LLC VENTURE PROPERTIES | | Transaction ID: SB17.20061 Date of Disbursement |
| Mailing Address PO BOX 2065 | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2005"/> |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement RENTAL EXPENSE | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="text" value="600.00"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| State: District: | | |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3600.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. LLC VENTURE PROPERTIES | | Transaction ID: SB17.20113 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address PO BOX 2065 | | Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement RENTAL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. LLC VENTURE PROPERTIES | | Transaction ID: SB17.20158 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address PO BOX 2065 | | Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City ANNISTON State AL Zip Code 36202 | Purpose of Disbursement RENTAL EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: SB17.20054 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 215.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266-0108 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1415.64 |
| 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)
Mike Rogers for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: SB17.20083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 194.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266-0108 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: SB17.20127 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 94.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266-0108 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: SB17.20146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 100.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266-0108 | Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 388.76 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 119

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Rogers for Congress

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: SB17.20152 | |
| Mailing Address P.O. Box 660108 | | Date of Disbursement 11 / 30 / 2005 | |
| City Dallas | State TX | Zip Code 75266-0108 | Amount of Each Disbursement this Period 160.39 |
| Purpose of Disbursement TELEPHONE EXPENSE | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. VISA | | Transaction ID: SB17.20129 | |
| Mailing Address PO BOX 15368 | | Date of Disbursement 11 / 14 / 2005 | |
| City WILMINGTON | State DE | Zip Code 19886 | Amount of Each Disbursement this Period 382.12 |
| Purpose of Disbursement SUPPLIES AND MEALS | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. ZENUS WINDSOR | | Transaction ID: SB17.20064 | |
| Mailing Address P.O. BOX 552 | | Date of Disbursement 10 / 01 / 2005 | |
| City LINEVILLE | State AL | Zip Code 36266 | Amount of Each Disbursement this Period 294.00 |
| Purpose of Disbursement CATERING COSTS | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 836.51 |
| TOTAL This Period (last page this line number only) | 77393.81 |