

# 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  
HONEYCUTT FOR CONGRESS

ADDRESS (number and street) 5445 WINSTEAD CT  
 Check if different than previously reported. (ACC)  
COLLEGE PARK GA 30349

2. **FEC IDENTIFICATION NUMBER** C00415190  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
GA 13

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 07 18 2006 in the State of GA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 04 01 2006 through 06 28 2006

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 SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 07 21 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

HONEYCUTT FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	296719.41	479471.53
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	296719.41	479471.53
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	289600.01	439721.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	289600.01	439721.34
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	42750.19	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	49509.39	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
HONEYCUTT FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
2	8

Y	Y	Y	Y
2	0	0	6

**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).....

51558.54

78271.54

(ii) Unitemized.....

245160.87

401199.99

(iii) TOTAL of contributions

296719.41

479471.53

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

296719.41

479471.53

(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.....

5000.00

5000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

5000.00

5000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

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

0.00

0.00

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

301719.41

484471.53

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	289600.01	439721.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	291600.01	441721.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32630.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	301719.41
25. SUBTOTAL (add Line 23 and Line 24).....	334350.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	291600.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42750.19

**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 5 / 93
	<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

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

NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR JIM ARNOLD

Mailing Address 802 CIRCLE DR

City JACKSONVILLE State TX Zip Code 45505

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

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  
 04 / 17 / 2006

Transaction ID: SA11A1.22382

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)  
MR JIM ARNOLD

Mailing Address 802 CIRCLE DR

City JACKSONVILLE State TX Zip Code 45505

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2006

Transaction ID: SA11A1.22381

Amount of Each Receipt this Period  
 2.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR BRUCE A BACHMAN

Mailing Address 17 PHEASANTS RDG S

City WILMINGTON State DE Zip Code 19807

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

Name of Employer Occupation  
 CLAIMANT MGMT SYSTEMS  
 MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2006

Transaction ID: SA11A1.23165

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	502.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR JAMES H BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1906 OWENS DR		Transaction ID: SA11A1.19064
City BLOOMINGTON	State IL	Zip Code 61701
Amount of Each Receipt this Period 50.00		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. MR JAMES H BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1906 OWENS DR		Transaction ID: SA11A1.27737
City BLOOMINGTON	State IL	Zip Code 61701
Amount of Each Receipt this Period 20.00		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. MR GLEN BALLOWE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 8705 QUEEN ELIZABETH BLVD		Transaction ID: SA11A1.21621
City ANNANDALE	State VA	Zip Code 22003
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF EMPLOYED	Occupation BUILDER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	320.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR LAWRENCE BARKMAN

Mailing Address 1625 WYATTS RIDGE RD

City State Zip Code  
CROWNSVILLE MD 21032

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

Name of Employer N/A 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  
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.20907

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)  
MR LAWRENCE BARKMAN

Mailing Address 1625 WYATTS RIDGE RD

City State Zip Code  
CROWNSVILLE MD 21032

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

Name of Employer N/A 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  
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.28059

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)  
MR NELSON C BARRY

Mailing Address 50 CORTE DEL BAYO

City State Zip Code  
LARKSPUR CA 94939

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 ▼ 250.00

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

Transaction ID: SA11A1.26902

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address PO BOX 1558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.19728

Amount of Each Receipt this Period  
480.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address PO BOX 1558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2820.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.27617

Amount of Each Receipt this Period  
720.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address PO BOX 1558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3320.00

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

Transaction ID: SA11A1.27863

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 9 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS EDITH BENSON

Mailing Address 5301 HARDISON RD

City State Zip Code  
CHARLOTTE NC 28226

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** SA11A1.28616

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR ANTHONY J BIANCANIELLO

Mailing Address 181 HILLSIDE AVE

City State Zip Code  
WILLISTON PK NY 11596

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2006

**Transaction ID:** SA11A1.19661

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)  
J BICO

Mailing Address 100 PEABODY PLACE STE 1400

City State Zip Code  
MEMPHIS TN 38103

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

Name of Employer Occupation  
BELZ PARTNERS PARTNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

**Transaction ID:** SA11A1.19188

Amount of Each Receipt this Period  
120.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DR DONALD E BISSING</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 195 BRICKLEBERRY DR		Transaction ID: SA11A1.20554
City ROSWELL	State GA	Zip Code 30075
Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DOCTOR Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DR DONALD E BISSING</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 195 BRICKLEBERRY DR		Transaction ID: SA11A1.20555
City ROSWELL	State GA	Zip Code 30075
Amount of Each Receipt this Period 200.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DOCTOR Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. MR NORMAN BLAKE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 11179 ESTANCIA WAY		Transaction ID: SA11A1.31929
City CARMEL	State IN	Zip Code 46032
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)
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR VERN E BOE

Mailing Address 1233 KIRMAR PL

City OCEANSIDE State CA Zip Code 92054

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 201.54

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2006

Transaction ID: SA11A1.30395

Amount of Each Receipt this Period  
126.54

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

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN L BRANDT

Mailing Address 2129 12TH AVE E

City HIBBING State MN Zip Code 55746

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: SA11A1.27708

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)  
DR NORMAN E BYER, MD

Mailing Address 3601 PASEO DEL CAMPO

City PALOS VERDES ESTAT State CA Zip Code 90274

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  
04 / 14 / 2006

Transaction ID: SA11A1.21858

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) ..... ▶ **476.54**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR LOUIS CAMILLERI

Mailing Address 1603 DEWEY AVE

City NORTH BELLMORE State NY Zip Code 11710

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

Name of Employer ALTRIA Occupation EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.20183

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)  
MRS BETTY BROWN CASEY

Mailing Address 13201 BEALL CREEK COURT

City POTOMAC State MD Zip Code 20854

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

Name of Employer SELF Occupation PHILANTHROPIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.22544

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)  
MRS DELORES CHABOT

Mailing Address 165 FARMINGTON RD

City LONGMEADOW State MA Zip Code 01106

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

**Transaction ID:** SA11A1.31247

Amount of Each Receipt this Period  
 100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS DELORES CHABOT

Mailing Address 165 FARMINGTON RD

City State Zip Code  
LONGMEADOW MA 01106

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

Transaction ID: SA11A1.31248

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)  
MR NORMAN CHAMBERS

Mailing Address 99 N POST OAK LN

City State Zip Code  
HOUSTON TX 77024

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

Transaction ID: SA11A1.23508

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)  
MR JACK COBLE

Mailing Address 3810 N 41ST AVE

City State Zip Code  
HOLLYWOOD FL 33021

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2006

Transaction ID: SA11A1.28155

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR JAMES P COTTON, JR

Mailing Address 1301 HIGHTOWER TRL STE 310

City ATLANTA State GA Zip Code 30350

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

Name of Employer SELF 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  
04 / 13 / 2006

Transaction ID: SA11A1.31961

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 CHRISTIAN E CRETEUR, MD

Mailing Address 3083 TYRE NECK RD

City CHESAPEAKE State VA Zip Code 23321

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

Name of Employer SELF-EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2006

Transaction ID: SA11A1.19583

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)  
DR CHRISTIAN E CRETEUR, MD

Mailing Address 3083 TYRE NECK RD

City CHESAPEAKE State VA Zip Code 23321

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

Name of Employer SELF-EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

Transaction ID: SA11A1.27625

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<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)  
HONEYCUTT FOR CONGRESS

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

Mailing Address PO BOX 67

City State Zip Code  
WARTHEN GA 31094

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

Name of Employer Occupation  
UTILITY SERVICE CO OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2006

Transaction ID: SA11A1.20014

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)  
MR DARRIN DAUNHAUER

Mailing Address 1233 TIMBERSHYRE PL

City State Zip Code  
LAWRENCEVILLE GA 30043

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

Name of Employer Occupation  
ATLANTA ORTHOPEDICS 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  
04 / 10 / 2006

Transaction ID: SA11A1.20568

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)  
MR DARRIN DAUNHAUER

Mailing Address 1233 TIMBERSHYRE PL

City State Zip Code  
LAWRENCEVILLE GA 30043

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

Name of Employer Occupation  
ATLANTA ORTHOPEDICS PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: SA11A1.20569

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR S M DAVIS

Mailing Address 2708 W DOUBLEGATE DR

City State Zip Code  
ALBANY GA 31721

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2006

Transaction ID: SA11A1.28347

Amount of Each Receipt this Period  
135.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR DOYLE DEAN

Mailing Address 7030 HAVERHILL RD N

City State Zip Code  
RIVIERA BEACH FL 33407

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

Name of Employer Occupation  
FLA-MEX TILE, INC 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  
04 / 27 / 2006

Transaction ID: SA11A1.32267

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)  
MR JEFF DEFREHN

Mailing Address 299 TOLLGATE RD

City State Zip Code  
LANGHORNE PA 19047

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

Name of Employer Occupation

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  
05 / 03 / 2006

Transaction ID: SA11A1.19323

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) ..... ▶ **735.00**

**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 17 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OLGA C DEGOIZUETA

Mailing Address 459 BLACKLAND RD NW

City ATLANTA State GA Zip Code 30342

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 10 / 2006

Transaction ID: SA11A1.20634

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)  
MRS ARTHUR DEMOSS

Mailing Address 185 WOODBRIDGE RD

City PALM BEACH State FL Zip Code 33480

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

Name of Employer ARTHUR DEMOSS FOUNDATION Occupation PHILANTHROPIST

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  
 05 / 01 / 2006

Transaction ID: SA11A1.24682

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)  
MR NATHANIEL DEROTHSCHILD

Mailing Address 1040 5TH AVE

City NEW YORK State NY Zip Code 10028

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

Name of Employer DEROTHSCHILD HOLDING Occupation PRIVATE INVESTOR

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  
 04 / 13 / 2006

Transaction ID: SA11A1.21589

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR NATHANIEL DEROTHSCHILD**

Mailing Address **1040 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10028**

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

Name of Employer **DEROTHSCHILD HOLDING** Occupation **PRIVATE 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
0	6	/	0	5	/	2	0	0	6

**Transaction ID: SA11A1.27864**

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)  
**MR CHARLES DILORIO**

Mailing Address **34342 SHORE LANTERN**

City **DANA POINT** State **CA** Zip Code **92629**

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

Name of Employer **N/A** 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
0	6	/	2	6	/	2	0	0	6

**Transaction ID: SA11A1.31369**

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)  
**DR JOHN E DOWNING**

Mailing Address **985 MATLOCK RD**

City **BOWLING GREEN** State **KY** Zip Code **42104**

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

Name of Employer **DOWNING-MCPEAK VISION** Occupation **PHYSICIAN**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

**Transaction ID: SA11A1.31934**

Amount of Each Receipt this Period  

200.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR H EAGLETON

Mailing Address 2603 FAIRWAY DR

City State Zip Code  
SUGAR LAND TX 77478

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

Name of Employer Occupation  
SELF RANCHER

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2006

Transaction ID: SA11A1.23161

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)  
MS MARY ELIZABETH ELLARD

Mailing Address 1140 BRIARCLIFF RD NE

City State Zip Code  
ATLANTA GA 30306

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

Name of Employer Occupation

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.20603

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH ELLARD

Mailing Address 1140 BRIARCLIFF RD NE

City State Zip Code  
ATLANTA GA 30306

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

Name of Employer Occupation

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2006

Transaction ID: SA11A1.32003

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR WAYNE FENCL

Mailing Address 1646 PRAIRIE RD

City WASHINGTON State KS Zip Code 66968

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: SA11A1.31082

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)  
MS GINGERLEE C FIELD

Mailing Address 1701 E BAY AVE

City NEWPORT BEACH State CA Zip Code 92661

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

Name of Employer N/A Occupation 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  
 0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.19854

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)  
MR THOMAS FORKNER

Mailing Address 1930 CALVIN DR

City DULUTH State GA Zip Code 30097

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

Name of Employer WAFFLE HOUSE Occupation SR VICE CHAIRMAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.21496

Amount of Each Receipt this Period  
 150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<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)  
HONEYCUTT FOR CONGRESS

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

Mailing Address PO BOX 217

City State Zip Code  
LAKE PARK GA 31636

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

Name of Employer JULYN TECHNOLOGIES Occupation ENGINEERING CONSULTANT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2006

Transaction ID: SA11A1.31592

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)  
MR DALLAS GAY

Mailing Address 3238 DUNLAP DR

City State Zip Code  
GAINESVILLE GA 30506

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

Name of Employer PROTEIN PRODUCTS INC Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2006

Transaction ID: SA11A1.25225

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR PHILIP O GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City State Zip Code  
CINCINNATI OH 45243

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.19168

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR LAWRENCE R GELMAN

Mailing Address 3900 SUNDOWN DR

City State Zip Code  
MCALLEN TX 78503

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

Name of Employer SELF 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  
05 / 08 / 2006

Transaction ID: SA11A1.25850

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)  
MR LEE GENTIL

Mailing Address 2440 GORDON DR

City State Zip Code  
NAPLES FL 34102

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

Name of Employer N/A Occupation 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  
05 / 08 / 2006

Transaction ID: SA11A1.18969

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)  
MS EVELYN F GEORGE

Mailing Address 3104 N INGLEWOOD ST

City State Zip Code  
ARLINGTON VA 22207

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

Name of Employer N/A Occupation 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  
04 / 10 / 2006

Transaction ID: SA11A1.19799

Amount of Each Receipt this Period  
200.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR GARY GIBBS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1169 ROCK CREEK RD		Transaction ID: SA11A1.24329	
City State Zip Code HOT SPRINGS AR 71913	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM S GILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 834 LOPATCONG ST #466		Transaction ID: SA11A1.31863	
City State Zip Code BELVIDERE NJ 07823	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer FLEXICON	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DR SAMRAJYA L K GOGINENI, MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 135 QUAIL PINES DR		Transaction ID: SA11A1.20644	
City State Zip Code LEESBURG GA 31763	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PHOEBE PUTNEY MEM HOSP	Occupation PHYSICIAN		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR BRADLEY G GOLDBERG

Mailing Address 100 DOCTORS DR #201

City State Zip Code  
DOUGLAS GA 31533

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

Name of Employer Occupation  
SELF MEDICAL DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.32017

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)  
MR HARVEY GOLDEN

Mailing Address 7479 AVENIDA DE PALAIS

City State Zip Code  
CARLSBAD CA 92009

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

Name of Employer Occupation  
SCOTT BRASS INC EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.23546

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)  
MS JOHNSON GUERRINI

Mailing Address 313 HURON PL

City State Zip Code  
WEST PALM BEACH FL 33409

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.29491

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<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)  
HONEYCUTT FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) MS JOHNSON GUERRINI		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 313 HURON PL		<b>Transaction ID:</b> SA11A1.31846	
City State Zip Code WEST PALM BEACH FL 33409		Amount of Each Receipt this Period 1900.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS DORIS HAMILTON		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006	
Mailing Address 1300 NE 16TH AVE APT 1122		<b>Transaction ID:</b> SA11A1.28039	
City State Zip Code PORTLAND OR 97232		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MS DORIS HAMILTON		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006	
Mailing Address 1300 NE 16TH AVE APT 1122		<b>Transaction ID:</b> SA11A1.30382	
City State Zip Code PORTLAND OR 97232		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1970.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR MARK HENNESSY**

Mailing Address **4272 GAMON RD NW**

City **ATLANTA** State **GA** Zip Code **30327**

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

Name of Employer **HENNESSY AUTOMOTIVE** Occupation **AUTO DEALER**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2006**

**Transaction ID: SA11A1.23894**

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)  
**MR STEVE HILL**

Mailing Address **3232 LARAMIE DR SE**

City **ATLANTA** State **GA** Zip Code **30339**

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

Name of Employer **SELF** Occupation **ATTORNEY AT LAW**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2006**

**Transaction ID: SA11A1.29601**

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)  
**MR TATNALL LEA HILLMAN**

Mailing Address **504 W BLEEKER ST**

City **ASPEN** State **CO** Zip Code **81611**

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

Name of Employer **N/A** 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  
**05 / 09 / 2006**

**Transaction ID: SA11A1.31866**

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 27 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR JACK HILTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 2318 S NASH ST		<b>Transaction ID: SA11A1.19106</b>	
City ARLINGTON	State VA	Zip Code 22202	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. MS JANE F HIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 102 E ROUND HILL RD		<b>Transaction ID: SA11A1.19376</b>	
City GREENVILLE	State SC	Zip Code 29617	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>C. MS JANE F HIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 102 E ROUND HILL RD		<b>Transaction ID: SA11A1.27615</b>	
City GREENVILLE	State SC	Zip Code 29617	Amount of Each Receipt this Period 1900.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2040.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS CARROLL LANIER HODGES

Mailing Address 161 GLEN EAGLE WAY

City State Zip Code  
MCDONOUGH GA 30253

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  
05 / 03 / 2006

**Transaction ID: SA11A1.25311**

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)  
MR JEROME W JACQUOT

Mailing Address 1311 GROSVENOR SQUARE DR

City State Zip Code  
JACKSONVILLE FL 32207

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

Name of Employer THE DEVELOPMENT GROUP INC Occupation **DEVELOPER**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2006

**Transaction ID: SA11A1.30639**

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)  
MS HIPP JANE

Mailing Address 102 E ROUND HILL RD

City State Zip Code  
GREENVILLE SC 29617

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2006

**Transaction ID: SA11A1.19375**

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) ..... ► **4250.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR JERRY V JARRETT

Mailing Address 186 GRAND OAK CIR

City State Zip Code  
VENICE FL 34292

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

Name of Employer N/A 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  
04 / 10 / 2006

Transaction ID: SA11A1.20905

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)  
MRS MARIE-LUISE S KALSI

Mailing Address 13307 CAROUSEL CT

City State Zip Code  
HOUSTON TX 77041

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

Name of Employer SWTSU Occupation UNIVERSITY PROFESSOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2006

Transaction ID: SA11A1.18943

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)  
MRS MARIE-LUISE S KALSI

Mailing Address 13307 CAROUSEL CT

City State Zip Code  
HOUSTON TX 77041

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

Name of Employer SWTSU Occupation UNIVERSITY PROFESSOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: SA11A1.18944

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MS PAULA KNABENHANS

Mailing Address 100 JOHN T OLEARY BLVD #319

City SOUTH AMBOY State NJ Zip Code 08879

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

Name of Employer N/A 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  
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.20033

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)  
MR STEVEN G KRAEMER

Mailing Address 9 CROWS NEST RD

City BRONXVILLE State NY Zip Code 10708

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

Name of Employer BEAR STEARNS & CO Occupation FINANCIAL ANALYST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.25858

Amount of Each Receipt this Period  
215.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN M KRENZ

Mailing Address 1665 CEANOTHUS CT

City CARLSBAD State CA Zip Code 92011

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.19506

Amount of Each Receipt this Period  
35.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN M KRENZ

Mailing Address 1665 CEANOTHUS CT

City State Zip Code  
CARLSBAD CA 92011

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: SA11A1.19507

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN M KRENZ

Mailing Address 1665 CEANOTHUS CT

City State Zip Code  
CARLSBAD CA 92011

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

Transaction ID: SA11A1.28089

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
COL WILLIAM F LEE

Mailing Address 3714 S 12TH ST

City State Zip Code  
ARLINGTON VA 22204

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

Name of Employer Occupation  
US ARMY RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: SA11A1.27624

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) ..... ▶ **225.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DR MARK MCD LINDSEY, MD

Mailing Address 4430 PACES BATTLE NW

City ATLANTA State GA Zip Code 30327

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

Name of Employer SELF-EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: SA11A1.20535

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)  
MR ROLLA L LONG, JR

Mailing Address 6711 BELMONT ST

City HOUSTON State TX Zip Code 77005

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

Name of Employer SELF Occupation OIL & GAS OPERATOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2006

Transaction ID: SA11A1.29822

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)  
MR GUY J LOOKABAUGH

Mailing Address 222 FOUR BEARS TRL

City KERRVILLE State TX Zip Code 78028

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

Name of Employer N/A 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  
05 / 05 / 2006

Transaction ID: SA11A1.25601

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 MR CALEB LORING, JR

Mailing Address 15 PAINE AVENUE BOX 235

City State Zip Code  
**PRIDES CROSSING MA 01965**

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

Name of Employer N/A 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  
**04 / 17 / 2006**

**Transaction ID: SA11A1.22211**

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)  
 MR WILLIAM MARQUARD

Mailing Address PO BOX 148

City State Zip Code  
**CARLISLE KY 40311**

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 11 / 2006**

**Transaction ID: SA11A1.19193**

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)  
 MS JEAN B MASTERS

Mailing Address 1150 OAK KNOLL DR

City State Zip Code  
**LAKE FOREST IL 60045**

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

Name of Employer N/A 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  
**06 / 02 / 2006**

**Transaction ID: SA11A1.27707**

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) ..... ► **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 34 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD S MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006
Mailing Address 8 NORTH DR		Transaction ID: SA11A1.27825
City DOBBS FERRY	State NY	Zip Code 10522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation RETIRED	<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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD S MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2006
Mailing Address 8 NORTH DR		Transaction ID: SA11A1.27869
City DOBBS FERRY	State NY	Zip Code 10522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation RETIRED	<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 ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD S MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006
Mailing Address 8 NORTH DR		Transaction ID: SA11A1.28614
City DOBBS FERRY	State NY	Zip Code 10522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation RETIRED	<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 ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD S MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 8 NORTH DR		Transaction ID: SA11A1.30776	
City DOBBS FERRY	State NY	Zip Code 10522	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 390.00			

Full Name (Last, First, Middle Initial) <b>B. MR MERLE L MAYHUGH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 208 SUMAC DR		Transaction ID: SA11A1.27716	
City COLORADO SPRINGS	State CO	Zip Code 80911	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CYRIL SCOTT CO	Occupation PRINTER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 220.00			

Full Name (Last, First, Middle Initial) <b>C. MRS ROSE M MCDANIEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006	
Mailing Address 2027 WOODHAVEN RD		Transaction ID: SA11A1.28287	
City POPLAR BLUFF	State MO	Zip Code 63901	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 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 ▼ 375.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS ROSE M MCDANIEL

Mailing Address 2027 WOODHAVEN RD

City State Zip Code  
POPLAR BLUFF MO 63901

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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

**Transaction ID:** SA11A1.31556

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
DR JOHN MCDONALD

Mailing Address 2500 CANYON RIDGE CT

City State Zip Code  
ARLINGTON TX 76006

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

Name of Employer Occupation **DOCTOR**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2006

**Transaction ID:** SA11A1.20201

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)  
MR GEORGE MCDONNELL

Mailing Address 19315 LOUDOUN ORCHARD RD

City State Zip Code  
LEESBURG VA 20175

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

Name of Employer Occupation **SALES VICE 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  
04 / 13 / 2006

**Transaction ID:** SA11A1.21528

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) ..... ▶ **500.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR JAMES MCKEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 4405 PASEO DE LAS TORTUGAS		Transaction ID: SA11A1.31802	
City State Zip Code TORRANCE CA 90505	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Election Cycle-to-Date ▼ 235.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD E MEEKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 605 NE 70TH ST		Transaction ID: SA11A1.20074	
City State Zip Code GLADSTONE MO 64118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR MELVIN MOE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 1102 S 114TH ST LOT 61		Transaction ID: SA11A1.20286	
City State Zip Code MESA AZ 85208	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Election Cycle-to-Date ▼ 210.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2006

**Transaction ID:** SA11A1.27634

Amount of Each Receipt this Period  
 35.00

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

**B.** Full Name (Last, First, Middle Initial)  
 MR ALBERT MUELLER

Mailing Address 7942 E CALLE ROSA

City TUCSON State AZ Zip Code 85750

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

Name of Employer N/A 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  
 04 / 28 / 2006

**Transaction ID:** SA11A1.24568

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)  
 MR JACK A MULLINS

Mailing Address 224 RIDGEWOOD DR

City VICTORIA State TX Zip Code 77901

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2006

**Transaction ID:** SA11A1.28346

Amount of Each Receipt this Period  
 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR LEO VAN MUNCHING

Mailing Address 800 HOLLOW TREE RIDGE RD

City State Zip Code  
DARIEN CT 06820

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

Name of Employer N/A Occupation RETIRED

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  
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.23851

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)  
MR FRANCIS P MURPHY

Mailing Address 2720 GREEN TEE DR

City State Zip Code  
PEARLAND TX 77581

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

Name of Employer C P MURPHY & SONS Occupation FARMER

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  
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.23163

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)  
MR RAYMOND A NELSON

Mailing Address 37W876 TANGLEWOOD DR

City State Zip Code  
BATAVIA IL 60510

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

Name of Employer RJ NELSON ENTERP LTD Occupation RESTAURANT OWNER

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  
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.29229

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) ..... ► **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 40 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DR SCOTT NICKERSON, MD

Mailing Address PO BOX 278

City State Zip Code  
BIG HORN WY 82833

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

Name of Employer Occupation  
SELF-EMPLOYED MEDICAL DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2006

Transaction ID: SA11A1.21075

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR HARRISON C NOYES

Mailing Address 186 JERRY BROWNE RD UNIT 3312

City State Zip Code  
MYSTIC CT 06355

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2006

Transaction ID: SA11A1.25472

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)  
MR RAY P ODEN, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

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

Name of Employer Occupation  
N/A 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  
05 / 24 / 2006

Transaction ID: SA11A1.27394

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 41 / 93
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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR RAY P ODEN, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

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

Name of Employer N/A 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  
06 / 28 / 2006

Transaction ID: SA11A1.31819

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)  
MR EDWARD S OLSON, JR

Mailing Address PO BOX 1075

City State Zip Code  
EASLEY SC 29641

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2006

Transaction ID: SA11A1.28664

Amount of Each Receipt this Period  
60.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS BEVERLY PEVEHOUSE

Mailing Address 810 CANONERO ST

City State Zip Code  
MIDLAND TX 79705

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2006

Transaction ID: SA11A1.29858

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	560.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR HUGH M PIERCE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address PO BOX 3209		Transaction ID: SA11A1.20262	
City PALM BEACH	State FL	Amount of Each Receipt this Period 200.00	
Zip Code 33480		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MR HUGH M PIERCE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address PO BOX 3209		Transaction ID: SA11A1.20260	
City PALM BEACH	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 33480		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR HUGH M PIERCE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address PO BOX 3209		Transaction ID: SA11A1.20261	
City PALM BEACH	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 33480		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR HAROLD E PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code  
PARKVILLE MD 21234

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

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  
06 / 01 / 2006

Transaction ID: SA11A1.27626

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)  
MR ROBERT J PRUGER

Mailing Address 1132 CLARK ST

City State Zip Code  
BOWLING GREEN OH 43402

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

Name of Employer Occupation  
RUDOLPH LIBBE COMPANIES CFO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: SA11A1.19262

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN RASMUSSEN

Mailing Address 737 CORMORANT TRL

City State Zip Code  
COROLLA NC 27927

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

Name of Employer Occupation  
N/A 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  
06 / 02 / 2006

Transaction ID: SA11A1.27704

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT L REWEY

Mailing Address 810 S OCEAN BLVD

City State Zip Code  
PALM BEACH FL 33480

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

Name of Employer Occupation  
N/A RETIRED

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

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.19208

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)  
MR DONALD B RICE

Mailing Address 10126 EMYREAN WAY #103

City State Zip Code  
LOS ANGELES CA 90067

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

Name of Employer Occupation  
AGENSYS INC EXECUTIVE

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

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: SA11A1.22564

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)  
MR RICHARD ROCKMAN, JR

Mailing Address 240 N FENWAY DR  
ROCKMAN AND SONS PUBLISHING CO

City State Zip Code  
FENTON MI 48430

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

Name of Employer Occupation  
ROCKMAN & SONS PUBLISHING PUBLISHER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2006

Transaction ID: SA11A1.28953

Amount of Each Receipt this Period  
210.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **810.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM H RUTLEDGE, JR

Mailing Address 614 LANGDALE DR

City State Zip Code  
FORT COLLINS CO 80526

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

Transaction ID: SA11A1.28091

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)  
MR WILLIAM H RUTLEDGE, JR

Mailing Address 614 LANGDALE DR

City State Zip Code  
FORT COLLINS CO 80526

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

Transaction ID: SA11A1.28095

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)  
MR WILLIAM SANDERS

Mailing Address 2741 MARGARET MITCHELL DR NW

City State Zip Code  
ATLANTA GA 30327

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2006

Transaction ID: SA11A1.28177

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR ALAN SCOTT

Mailing Address 16444 N 56TH PL

City State Zip Code  
SCOTTSDALE AZ 85254

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

Name of Employer N/A 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 Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.32523

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)  
MRS REBECCA J SCOTT

Mailing Address 251 W COCONUT PALM RD

City State Zip Code  
BOCA RATON FL 33432

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 ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.32301

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)  
MR STUART B SCUDDER

Mailing Address 712 ELVIRA AVE

City State Zip Code  
REDONDO BEACH CA 90277

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

Name of Employer N/A Occupation RETIRED

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  
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.20237

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 47 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR STUART B SCUDDER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address <b>712 ELVIRA AVE</b>		Transaction ID: SA11A1.20238
City <b>REDONDO BEACH</b>	State <b>CA</b>	Amount of Each Receipt this Period 200.00
Zip Code <b>90277</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. MR EDWIN S SEDLACEK</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address <b>6027 89TH ST E</b>		Transaction ID: SA11A1.19534
City <b>PUYALLUP</b>	State <b>WA</b>	Amount of Each Receipt this Period 35.00
Zip Code <b>98371</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. MR PAUL R SEEGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address <b>8222 DOUGLAS AVE STE 790</b>		Transaction ID: SA11A1.27341
City <b>DALLAS</b>	State <b>TX</b>	Amount of Each Receipt this Period 500.00
Zip Code <b>75225</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SEEGER ENTERPRISES	Occupation INVESTOR	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	735.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 93
	<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

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

NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR EDWIN A SEIPP

Mailing Address 49 TUSCALOOSA AVE

City State Zip Code  
ATHERTON CA 94027

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

Name of Employer N/A 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  
04 / 18 / 2006

Transaction ID: SA11A1.22746

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)  
DR EDWARD J SHEA

Mailing Address 4800 N 68TH ST #389

City State Zip Code  
SCOTTSDALE AZ 85251

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

Name of Employer Occupation DOCTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2006

Transaction ID: SA11A1.19980

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)  
MR WILLIAM L SHIELDS

Mailing Address 2130 N KLONDIKE DR

City State Zip Code  
TUCSON AZ 85749

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

Name of Employer N/A 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  
05 / 11 / 2006

Transaction ID: SA11A1.20057

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<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

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

NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM L SHIELDS

Mailing Address 2130 N KLONDIKE DR

City TUCSON State AZ Zip Code 85749

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2006

Transaction ID: SA11A1.28254

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)  
MR JOHN KNOX SINGLETON

Mailing Address 10509 ADEL RD

City OAKTON State VA Zip Code 22124

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

Name of Employer INOVA HEALTH SYSTEMS Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2006

Transaction ID: SA11A1.19707

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)  
MRS BEVERLY V SMITH

Mailing Address 337 MARCY ST

City WEST BABYLON State NY Zip Code 11704

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2006

Transaction ID: SA11A1.19245

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS BEVERLY V SMITH

Mailing Address 337 MARCY ST

City WEST BABYLON State NY Zip Code 11704

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.19244

Amount of Each Receipt this Period  
 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN SMITH

Mailing Address 5130 WOODRIDGE DR

City LEWISTON State MI Zip Code 49756

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.31927

Amount of Each Receipt this Period  
 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN SMITH

Mailing Address 5130 WOODRIDGE DR

City LEWISTON State MI Zip Code 49756

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

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

Transaction ID: SA11A1.31926

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS JOHN STAUROULAKIS

Mailing Address 4165 BOCAIRE BLVD

City BOCA RATON State FL Zip Code 33487

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

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  
 06 / 08 / 2006

**Transaction ID:** SA11A1.28176

Amount of Each Receipt this Period  
 150.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD E STEPHENS

Mailing Address 6021 HAWTHORNE ST

City ROSEMONT State IL Zip Code 60018

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

Name of Employer Occupation  
THE LEONIS GROUP INTERIOR DESIGNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2006

**Transaction ID:** SA11A1.28723

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)  
MRS ADA A STRASENBURGH

Mailing Address PO BOX 608

City OCEAN VIEW State NJ Zip Code 08230

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 535.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2006

**Transaction ID:** SA11A1.19213

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<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	

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

NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MRS ADA A STRASENBURGH</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address PO BOX 608		Transaction ID: SA11A1.19212	
City OCEAN VIEW	State NJ	Amount of Each Receipt this Period 100.00	
Zip Code 08230		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 635.00		

Full Name (Last, First, Middle Initial) <b>B. MRS ADA A STRASENBURGH</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address PO BOX 608		Transaction ID: SA11A1.27705	
City OCEAN VIEW	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08230		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 885.00		

Full Name (Last, First, Middle Initial) <b>C. MR NEIL H STRICKLAND</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 2031 COWART RD		Transaction ID: SA11A1.23613	
City DAWSONVILLE	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30534		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer STRICKLAND INSURANCE	Occupation INSURANCE BROKER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MRS REBECCA SUGDEN

Mailing Address 2150 KURT CT

City APOPKA State FL Zip Code 32703

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

Name of Employer N/A 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  
04 / 17 / 2006

Transaction ID: SA11A1.22425

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)  
MR RONALD H TAUB

Mailing Address 1154 SHERIDAN RD

City HIGHLAND PARK State IL Zip Code 60035

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

Name of Employer TAUB ENTERPRISES INC Occupation MARKETING EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2006

Transaction ID: SA11A1.24514

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)  
MR GEORGE M THELEN

Mailing Address 35380 E BOOT LAKE RD

City PARK RAPIDS State MN Zip Code 56470

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

Name of Employer THELEN OIL COMPANY 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  
05 / 15 / 2006

Transaction ID: SA11A1.26733

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) ..... ▶ **750.00**

**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 / 93
	<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)  
HONEYCUTT FOR CONGRESS

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

Mailing Address 286 BUFFALO HILL DR

City State Zip Code  
KALISPELL MT 59901

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  
04 / 19 / 2006

**Transaction ID:** SA11A1.23059

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)  
MR ROBERT S TROTH

Mailing Address 18 SAINT CHARLES SQ

City State Zip Code  
HUNTSVILLE AL 35801

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

Name of Employer N/A 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  
06 / 22 / 2006

**Transaction ID:** SA11A1.31022

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS JACKIE TRUJILLO

Mailing Address 10330 TULA LN

City State Zip Code  
CUPERTINO CA 95014

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

Name of Employer HARMAN MANAGEMENT CORP Occupation **CHAIRMAN**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** SA11A1.29089

Amount of Each Receipt this Period  
200.00

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 55 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MS JEAN P TUKIANEN

Mailing Address 1800 SOUTH DR #112

City State Zip Code  
LAKE WORTH FL 33461

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.19234

Amount of Each Receipt this Period  
35.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS JEAN P TUKIANEN

Mailing Address 1800 SOUTH DR #112

City State Zip Code  
LAKE WORTH FL 33461

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2006

Transaction ID: SA11A1.28262

Amount of Each Receipt this Period  
35.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS EDGAR UIHLEIN

Mailing Address PO BOX 86

City State Zip Code  
LAKE BLUFF IL 60044

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  
MM / DD / YYYY  
04 / 26 / 2006

Transaction ID: SA11A1.19719

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1070.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DR JIMMIE W VARNADO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address PO BOX 1178		Transaction ID: SA11A1.24917	
City GREENSBURG	State LA	Zip Code 70441	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation DOCTOR		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. LTC WILLIAM WAGGY, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 363 BUCK AVE		Transaction ID: SA11A1.20242	
City VACAVILLE	State CA	Zip Code 95688	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer USAF	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. LTC WILLIAM WAGGY, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 363 BUCK AVE		Transaction ID: SA11A1.20241	
City VACAVILLE	State CA	Zip Code 95688	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer USAF	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
LTC WILLIAM WAGGY, JR

Mailing Address 363 BUCK AVE

City VACAVILLE State CA Zip Code 95688

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

Name of Employer USAF Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.20240

Amount of Each Receipt this Period  
 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR DON WATKINS

Mailing Address 3614 S BELCHER DR

City TAMPA State FL Zip Code 33629

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.31922

Amount of Each Receipt this Period  
 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR DON WATKINS

Mailing Address 3614 S BELCHER DR

City TAMPA State FL Zip Code 33629

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.31918

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR DON WATKINS

Mailing Address 3614 S BELCHER DR

City Tampa State FL Zip Code 33629

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

Name of Employer N/A 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 Y  
 0 5 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.31919

Amount of Each Receipt this Period  
 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR DON WATKINS

Mailing Address 3614 S BELCHER DR

City Tampa State FL Zip Code 33629

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: SA11A1.31920

Amount of Each Receipt this Period  
 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR DON WATKINS

Mailing Address 3614 S BELCHER DR

City Tampa State FL Zip Code 33629

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

Name of Employer N/A Occupation RETIRED

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  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.31921

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 93
	<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)  
**HONEYCUTT FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) MR JENNINGS E WATKINS		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address PO BOX 450347		Transaction ID: SA11A1.18959
City ATLANTA	State GA	Zip Code 31145
Amount of Each Receipt this Period 150.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM LEVI WEARLY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO BOX 1072		Transaction ID: SA11A1.19738
City CAREFREE	State AZ	Zip Code 95377
Amount of Each Receipt this Period 100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR ROBERT D WEBB, JR		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address PO BOX 536		Transaction ID: SA11A1.24091
City RESERVE	State LA	Zip Code 70084
Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LOUISIANA MACHINERY		Occupation PRESIDENT
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT D WELCHLI</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 348 PROVENAL RD		<b>Transaction ID: SA11A1.19489</b>	
City State Zip Code GROSE POINTE FARM MI 48236		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FILDEW HINKS LAWYER			
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) <b>B. MR ROBERT D WELCHLI</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address 348 PROVENAL RD		<b>Transaction ID: SA11A1.19490</b>	
City State Zip Code GROSE POINTE FARM MI 48236		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FILDEW HINKS LAWYER			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT D WELCHLI</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006	
Mailing Address 348 PROVENAL RD		<b>Transaction ID: SA11A1.19491</b>	
City State Zip Code GROSE POINTE FARM MI 48236		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FILDEW HINKS LAWYER			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation  
FILDEW HINKS LAWYER

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  
06 / 02 / 2006

Transaction ID: SA11A1.27706

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)  
MR WILLIAM J WELSH, MD

Mailing Address 1433 STOVALL ST

City State Zip Code  
AUGUSTA GA 20904

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

Name of Employer Occupation  
SELF-EMPLOYED MEDICAL DOCTOR

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  
06 / 15 / 2006

Transaction ID: SA11A1.29450

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)  
MR FRANK WETHERBEE

Mailing Address PO BOX 3650

City State Zip Code  
ALBANY GA 31706

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

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  
06 / 02 / 2006

Transaction ID: SA11A1.32054

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 / 93
	(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)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MS IRENE R WHITE

Mailing Address 3868 S ASHLEAF LN

City DAYTON State OH Zip Code 45440

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 259.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.32127

Amount of Each Receipt this Period  
 25.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS GLORIA J WINDEL

Mailing Address 5001 SE 11TH AVE

City OCALA State FL Zip Code 34480

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

Name of Employer Occupation  
N/A 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  
 0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.21742

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	51558.54

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 93	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DEBORAH TRAVIS HONEYCUTT

Mailing Address 5445 WINSTEAD CT

City	State	Zip Code
COLLEGE PARK	GA	30349

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

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
0	4	/	2	1	/	2	0	0	6

Transaction ID: SA13A.32815

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 93

<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. 48 HOUR PRINT</b>		<b>Transaction ID:</b> SB17.32738 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 383 DORCHESTER AVE		Amount of Each Disbursement this Period 210.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City S BOSTON State MA Zip Code 02127		
Purpose of Disbursement PUSH CARDS Candidate Name DEBORAH TRAVIS HONEYCUTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Category/Type 006	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ABSORBENT INK</b>		<b>Transaction ID:</b> SB17.32732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 729 MASSACHUSETTS ST #214		Amount of Each Disbursement this Period 4863.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LAWRENCE State KS Zip Code 66045		
Purpose of Disbursement YARD SIGNS Candidate Name DEBORAH TRAVIS HONEYCUTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Category/Type 006	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BMW DIRECT, INC</b>		<b>Transaction ID:</b> SB17.18866 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW		Amount of Each Disbursement this Period 8724.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Category/Type 003	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13798.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 93

<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BMW DIRECT, INC</b>		Transaction ID: SB17.18867 Date of Disbursement 05 / 03 / 2006
Mailing Address 1155 - 15TH STREET, NW		Amount of Each Disbursement this Period 10562.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		

Full Name (Last, First, Middle Initial) <b>B. BMW DIRECT, INC</b>		Transaction ID: SB17.18868 Date of Disbursement 05 / 17 / 2006
Mailing Address 1155 - 15TH STREET, NW		Amount of Each Disbursement this Period 5538.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		

Full Name (Last, First, Middle Initial) <b>C. BMW LISTS, INC</b>		Transaction ID: SB17.18876 Date of Disbursement 04 / 05 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 372.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		

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

16473.24

**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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BMW LISTS, INC</b>		Transaction ID: SB17.18871 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 3495.22
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003 Category/ Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 13	

Full Name (Last, First, Middle Initial) <b>B. BMW LISTS, INC</b>		Transaction ID: SB17.18872 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 9997.75
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003 Category/ Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 13	

Full Name (Last, First, Middle Initial) <b>C. BMW LISTS, INC</b>		Transaction ID: SB17.18877 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 7377.50
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003 Category/ Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 13	

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

**20870.47**

**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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BMW LISTS, INC</b>		Transaction ID: SB17.18873 Date of Disbursement 05 / 17 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 4979.34
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement DIRECT MAIL FUNDRAISING Category/Type 003	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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 State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BMW LISTS, INC</b>		Transaction ID: SB17.18878 Date of Disbursement 05 / 17 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 3348.50
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement DIRECT MAIL FUNDRAISING Category/Type 003	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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 State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BMW LISTS, INC</b>		Transaction ID: SB17.18874 Date of Disbursement 06 / 14 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 4437.33
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement DIRECT MAIL FUNDRAISING Category/Type 003	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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 State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12765.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. BMW LISTS, INC</b>		<b>Transaction ID: SB17.18875</b> Date of Disbursement 06 / 28 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 12241.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CARDINAL PRESS</b>		<b>Transaction ID: SB17.18915</b> Date of Disbursement 06 / 14 / 2006
Mailing Address 218 INDUSTRIAL DR		Amount of Each Disbursement this Period 1096.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FREDERICKSBURG State VA Zip Code 22408		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CARDINAL PRESS</b>		<b>Transaction ID: SB17.18917</b> Date of Disbursement 06 / 28 / 2006
Mailing Address 218 INDUSTRIAL DR		Amount of Each Disbursement this Period 1142.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FREDERICKSBURG State VA Zip Code 22408		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14479.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18881 Date of Disbursement
Mailing Address 100 POST OFFICE RD		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City WALDORF	State MD	Zip Code 20602
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="003"/> Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
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: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="6562.10"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18882 Date of Disbursement
Mailing Address 100 POST OFFICE RD		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City WALDORF	State MD	Zip Code 20602
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="003"/> Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
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: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="8414.04"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18883 Date of Disbursement
Mailing Address 100 POST OFFICE RD		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City WALDORF	State MD	Zip Code 20602
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="003"/> Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
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: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="8162.23"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="23138.37"/>
<b>TOTAL</b> 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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 100 POST OFFICE RD		Amount of Each Disbursement this Period 3368.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WALDORF State MD Zip Code 20602		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 100 POST OFFICE RD		Amount of Each Disbursement this Period 1806.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WALDORF State MD Zip Code 20602		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CATTERTON PRINTING</b>		<b>Transaction ID:</b> SB17.18886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 100 POST OFFICE RD		Amount of Each Disbursement this Period 903.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WALDORF State MD Zip Code 20602		
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name DEBORAH TRAVIS HONEYCUTT	003 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6078.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CENTURY DATA SYSTEMS</b>		<b>Transaction ID:</b> SB17.18889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 4287.30
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATA PROCESSING Candidate Name DEBORAH TRAVIS HONEYCUTT		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. CENTURY DATA SYSTEMS</b>		<b>Transaction ID:</b> SB17.18890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 1345.15
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATA PROCESSING Candidate Name DEBORAH TRAVIS HONEYCUTT		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. CENTURY DATA SYSTEMS</b>		<b>Transaction ID:</b> SB17.18891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 484.17
City WASHINGTON State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATA PROCESSING Candidate Name DEBORAH TRAVIS HONEYCUTT		001 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6116.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CENTURY DATA SYSTEMS</b>		<b>Transaction ID:</b> SB17.18892 Date of Disbursement
Mailing Address 1155 - 15TH STREET, NW SUITE 614		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="6681.45"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/ Type	
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: GA	District: 13	

Full Name (Last, First, Middle Initial) <b>B. COLORTREE</b>		<b>Transaction ID:</b> SB17.18895 Date of Disbursement
Mailing Address 2519 BRITTONS HILL RD		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City RICHMOND	State VA	Zip Code 23230
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="8363.70"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/ Type	
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: GA	District: 13	

Full Name (Last, First, Middle Initial) <b>C. COLORTREE</b>		<b>Transaction ID:</b> SB17.18896 Date of Disbursement
Mailing Address 2519 BRITTONS HILL RD		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City RICHMOND	State VA	Zip Code 23230
Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="1584.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/ Type	
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: GA	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16629.15"/>
<b>TOTAL</b> 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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. COLORTREE</b>		<b>Transaction ID:</b> SB17.18897	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement 05 / 17 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 2860.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT		Category/ Type	
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: GA	District: 13		

Full Name (Last, First, Middle Initial) <b>B. COLORTREE</b>		<b>Transaction ID:</b> SB17.18898	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement 06 / 14 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 5740.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT		Category/ Type	
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: GA	District: 13		

Full Name (Last, First, Middle Initial) <b>C. COLORTREE</b>		<b>Transaction ID:</b> SB17.18899	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement 06 / 28 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 1433.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DEBORAH TRAVIS HONEYCUTT		Category/ Type	
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: GA	District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10033.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CONSOLIDATED MAILING SERVICES</b>		<b>Transaction ID:</b> SB17.18918 Date of Disbursement
Mailing Address 504 SHAW RD SUITE 206		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL FUNDRAISING		<input type="text" value="003"/> Category/Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="2296.91"/>

Full Name (Last, First, Middle Initial) <b>B. CONSOLIDATED MAILING SERVICES</b>		<b>Transaction ID:</b> SB17.18919 Date of Disbursement
Mailing Address 504 SHAW RD SUITE 206		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL FUNDRAISING		<input type="text" value="003"/> Category/Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="4026.77"/>

Full Name (Last, First, Middle Initial) <b>C. CONSOLIDATED MAILING SERVICES</b>		<b>Transaction ID:</b> SB17.18920 Date of Disbursement
Mailing Address 504 SHAW RD SUITE 206		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL FUNDRAISING		<input type="text" value="003"/> Category/Type
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA	District: 13	
		Amount of Each Disbursement this Period <input type="text" value="430.18"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6753.86"/>
<b>TOTAL</b> 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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
DEBORAH TRAVIS HONEYCUTT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Transaction ID: SB17.18921

Date of Disbursement

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

Amount of Each Disbursement this Period

144.61
--------

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

Full Name (Last, First, Middle Initial)

**B. DYNAMIC DIRECT**

Mailing Address 1500 SE 2ND ST

City FT LAUDERDALE State FL Zip Code 33301

Purpose of Disbursement  
DOOR HANGERS

Candidate Name  
DEBORAH TRAVIS HONEYCUTT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Transaction ID: SB17.32748

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	6	6

Amount of Each Disbursement this Period

950.00
--------

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

Full Name (Last, First, Middle Initial)

**C. DYNAMIC DIRECT**

Mailing Address 1500 SE 2ND ST

City FT LAUDERDALE State FL Zip Code 33301

Purpose of Disbursement  
BUMPER/LAPEL STICKERS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.32744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	6	6

Amount of Each Disbursement this Period

382.00
--------

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

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

1476.61
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DYNAMIC DIRECT</b>		Transaction ID: SB17.32768 Date of Disbursement 06 / 09 / 2006
Mailing Address 1500 SE 2ND ST		Amount of Each Disbursement this Period 182.00
City FT LAUDERDALE	State FL Zip Code 33301	
Purpose of Disbursement MAGNETIC SIGNS	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:	

Full Name (Last, First, Middle Initial) <b>B. DYNAMIC DIRECT</b>		Transaction ID: SB17.32743 Date of Disbursement 06 / 15 / 2006
Mailing Address 1500 SE 2ND ST		Amount of Each Disbursement this Period 182.00
City FT LAUDERDALE	State FL Zip Code 33301	
Purpose of Disbursement MAGNETIC SIGNS	Candidate Name DEBORAH TRAVIS HONEYCUTT	<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) ▼	State: GA District: 13	

Full Name (Last, First, Middle Initial) <b>C. ELECTRONIC REPORTING SYSTEMS, INC</b>		Transaction ID: SB17.18922 Date of Disbursement 04 / 19 / 2006
Mailing Address 683 BERRYVILLE AVE		Amount of Each Disbursement this Period 500.00
City WINCHESTER	State VA Zip Code 20601	
Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING	Candidate Name DEBORAH TRAVIS HONEYCUTT	<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) ▼	State: GA District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>864.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ELECTRONIC REPORTING SYSTEMS, INC</b>		<b>Transaction ID:</b> SB17.18923
Mailing Address 683 BERRYVILLE AVE		Date of Disbursement 05 / 03 / 2006
City WINCHESTER	State VA	Zip Code 20601
Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING	Amount of Each Disbursement this Period 1495.00	
Candidate Name DEBORAH TRAVIS HONEYCUTT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 001	
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: GA District: 13		

Full Name (Last, First, Middle Initial) <b>B. DEBORAH TRAVIS HONEYCUTT</b>		<b>Transaction ID:</b> SB17.32820
Mailing Address 5445 WINSTEAD CT		Date of Disbursement 05 / 11 / 2006
City COLLEGE PARK	State GA	Zip Code 30349
Purpose of Disbursement REIMB FOR MEALS, MILEAGE & MISC EXPENSES	Amount of Each Disbursement this Period 601.50	
Candidate Name DEBORAH TRAVIS HONEYCUTT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 002	
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: GA District: 13		

Full Name (Last, First, Middle Initial) <b>C. HOT-4-SHIRTS</b>		<b>Transaction ID:</b> SB17.32734
Mailing Address 2500 LAWRENCEVILLE HWY		Date of Disbursement 05 / 30 / 2006
City DECATUR	State GA	Zip Code 30340
Purpose of Disbursement T-SHIRTS	Amount of Each Disbursement this Period 2000.00	
Candidate Name DEBORAH TRAVIS HONEYCUTT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 006	
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: GA District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4096.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. INTEGRAM</b>		Transaction ID: SB17.18924 Date of Disbursement 05 / 17 / 2006
Mailing Address 8421 HILLTOP RD		Amount of Each Disbursement this Period 3800.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FAIRFAX State VA Zip Code 22031	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JAMES MONROE BANK</b>		Transaction ID: SB17.18927 Date of Disbursement 05 / 02 / 2006
Mailing Address 3033 WILSON BLVD		Amount of Each Disbursement this Period 167.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ARLINGTON State VA Zip Code 22201	001 Category/Type	
Purpose of Disbursement MERCHANT SERVICE FEE		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JAMES MONROE BANK</b>		Transaction ID: SB17.18928 Date of Disbursement 06 / 02 / 2006
Mailing Address 3033 WILSON BLVD		Amount of Each Disbursement this Period 175.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ARLINGTON State VA Zip Code 22201	001 Category/Type	
Purpose of Disbursement MERCHANT SERVICE FEE		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4143.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. JAMES MONROE BANK</b>		Transaction ID: SB17.18929 Date of Disbursement 06 / 05 / 2006
Mailing Address 3033 WILSON BLVD		Amount of Each Disbursement this Period 17.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE (4/19)	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JAMES MONROE BANK</b>		Transaction ID: SB17.18930 Date of Disbursement 06 / 05 / 2006
Mailing Address 3033 WILSON BLVD		Amount of Each Disbursement this Period 186.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE (5/11)	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JAMES MONROE BANK</b>		Transaction ID: SB17.18931 Date of Disbursement 06 / 12 / 2006
Mailing Address 3033 WILSON BLVD		Amount of Each Disbursement this Period 93.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	297.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DAVID KNOX</b>		Transaction ID: SB17.32804 Date of Disbursement 04 / 13 / 2006	
Mailing Address 5445 WINSTEAD CT		Amount of Each Disbursement this Period 250.00	
City JONESBORO State GA Zip Code 30351	Purpose of Disbursement GRAPHICS/WEBSITE DEVELOPMENT Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DAVID KNOX</b>		Transaction ID: SB17.32811 Date of Disbursement 05 / 09 / 2006	
Mailing Address 5445 WINSTEAD CT		Amount of Each Disbursement this Period 750.00	
City JONESBORO State GA Zip Code 30351	Purpose of Disbursement GRAPHICS/WEBSITE DEVELOPMENT Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MACKENZIE &amp; COMPANY</b>		Transaction ID: SB17.18932 Date of Disbursement 04 / 05 / 2006	
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 500.00	
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement CONSULTING - COMPLIANCE Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DEBORAH TRAVIS HONEYCUTT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



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

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

FOR LINE NUMBER:  
(check only one)

<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MACKENZIE &amp; COMPANY</b>		<b>Transaction ID: SB17.18933</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 1932.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement CONSULTING - COMPLIANCE	001 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MACKENZIE &amp; COMPANY</b>		<b>Transaction ID: SB17.18934</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		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 WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement CONSULTING - COMPLIANCE	001 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MACKENZIE &amp; COMPANY</b>		<b>Transaction ID: SB17.18935</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 1047.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement CONSULTING - COMPLIANCE	001 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3979.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MARTINO-WHITE PRINTING</b>		Transaction ID: SB17.32752 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 485 N CENTRAL AVE		Amount of Each Disbursement this Period 264.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ATLANTA State GA Zip Code 30354	Category/ Type 001	
Purpose of Disbursement LETTERHEAD		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MARTINO-WHITE PRINTING</b>		Transaction ID: SB17.32767 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 485 N CENTRAL AVE		Amount of Each Disbursement this Period 238.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ATLANTA State GA Zip Code 30354	Category/ Type	
Purpose of Disbursement LETTERHEAD		
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>C. MICHAEL MURPHY</b>		Transaction ID: SB17.32813 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 5445 WINSTEAD CT		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 MARIETTA State GA Zip Code 30330	Category/ Type 001	
Purpose of Disbursement WEBSITE DEVELOPMENT		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1503.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PATRIOT PARTNERS, INC</b>		Transaction ID: SB17.18902 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 27930.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PATRIOT PARTNERS, INC</b>		Transaction ID: SB17.18903 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 18702.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PATRIOT PARTNERS, INC</b>		Transaction ID: SB17.18904 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 3180.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/ Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**49813.14**

**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)

<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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PATRIOT PARTNERS, INC</b>		Transaction ID: SB17.18905 Date of Disbursement 06 / 14 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 34238.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PATRIOT PARTNERS, INC</b>		Transaction ID: SB17.18906 Date of Disbursement 06 / 28 / 2006
Mailing Address 1155 - 15TH STREET, NW SUITE 614		Amount of Each Disbursement this Period 11277.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20005	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PATTON-KIEHL GROUP</b>		Transaction ID: SB17.18907 Date of Disbursement 05 / 17 / 2006
Mailing Address PO BOX 590		Amount of Each Disbursement this Period 4875.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City THORNBURG State VA Zip Code 22565	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	50390.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. PATTON-KIEHL GROUP</b>		Transaction ID: SB17.18908 Date of Disbursement 06 / 14 / 2006
Mailing Address PO BOX 590		Amount of Each Disbursement this Period 1420.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City THORNBURG State VA Zip Code 22565	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PATTON-KIEHL GROUP</b>		Transaction ID: SB17.18909 Date of Disbursement 06 / 21 / 2006
Mailing Address PO BOX 590		Amount of Each Disbursement this Period 326.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City THORNBURG State VA Zip Code 22565	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HAL SCHAFFER</b>		Transaction ID: SB17.32803 Date of Disbursement 04 / 06 / 2006
Mailing Address 5445 WINSTEAD CT		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City NEWNAN State GA Zip Code 30350	001 Category/Type	
Purpose of Disbursement CONSULTING - POLITICAL		
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2497.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. HAL SCHAFFER</b>		<b>Transaction ID:</b> SB17.32805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5445 WINSTEAD CT		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City NEWNAN State GA Zip Code 30350		
Purpose of Disbursement CONSULTING - POLITICAL	001 Category/Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HAL SCHAFFER</b>		<b>Transaction ID:</b> SB17.32810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 5445 WINSTEAD CT		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City NEWNAN State GA Zip Code 30350		
Purpose of Disbursement CONSULTING - POLITICAL	001 Category/Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SISK MAILING SERVICES</b>		<b>Transaction ID:</b> SB17.18936 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 203 LOG CANOE CIR		Amount of Each Disbursement this Period 6020.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City STEVENSVILLE State MD Zip Code 21666		
Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/Type	
Candidate Name DEBORAH TRAVIS HONEYCUTT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7520.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. THE SHEPARD VOICE</b>		<b>Transaction ID:</b> SB17.32783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City JONESBORO	State GA	
Zip Code 30238	Purpose of Disbursement ADVERTISEMENT	Category/ Type 001
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>B. US POSTMASTER</b>		<b>Transaction ID:</b> SB17.32741 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address RIVERDALE OFFICE		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City RIVERDALE	State GA	
Zip Code 30296	Purpose of Disbursement STAMPS	Category/ Type 001
Candidate Name DEBORAH TRAVIS HONEYCUTT	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: GA District: 13	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON INTELLIGENCE BUREAU</b>		<b>Transaction ID:</b> SB17.18912 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 4128 PEPSI PLACE		Amount of Each Disbursement this Period 1393.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHANTILLY	State VA	
Zip Code 20151	Purpose of Disbursement CAGING & ESCROW	Category/ Type 001
Candidate Name DEBORAH TRAVIS HONEYCUTT	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: GA District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1838.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. WASHINGTON INTELLIGENCE BUREAU</b>		<b>Transaction ID: SB17.18913</b>	
Mailing Address 4128 PEPSI PLACE		Date of Disbursement 05 / 03 / 2006	
City CHANTILLY	State VA	Zip Code 20151	
Purpose of Disbursement CAGING & ESCROW		Amount of Each Disbursement this Period 848.23	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA District: 13		Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON INTELLIGENCE BUREAU</b>		<b>Transaction ID: SB17.18914</b>	
Mailing Address 4128 PEPSI PLACE		Date of Disbursement 06 / 14 / 2006	
City CHANTILLY	State VA	Zip Code 20151	
Purpose of Disbursement CAGING & ESCROW		Amount of Each Disbursement this Period 1731.41	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA District: 13		Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. WEST END PRINTING CO, INC</b>		<b>Transaction ID: SB17.18938</b>	
Mailing Address 1609 SHERWOOD AVE		Date of Disbursement 06 / 14 / 2006	
City RICHMOND	State VA	Zip Code 23220	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		Amount of Each Disbursement this Period 9057.50	
Candidate Name DEBORAH TRAVIS HONEYCUTT		<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) ▼	
State: GA District: 13		Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11637.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>288694.58</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HONEYCUTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)  
DEBORAH TRAVIS HONEYCUTT

Mailing Address 5445 WINSTEAD CT

City COLLEGE PARK State GA Zip Code 30349

Purpose of Disbursement  
LOAN REPAYMENT

Candidate Name  
DEBORAH TRAVIS HONEYCUTT

Office Sought:  House  
 Senate  
 President

State: GA District: 13

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

009  
Category/  
Type

Transaction ID: SB19A.32816

Date of Disbursement

05 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

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

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

2000.00

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

2000.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 90 / 93
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**HONEYCUTT FOR CONGRESS**

**Transaction ID: SC/10.32815**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) DEBORAH TRAVIS HONEYCUTT, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5445 WINSTEAD CT	
City COLLEGE PARK State GA ZIP Code 30349	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	2000.00	3000.00

**TERMS**

Date Incurred M M 04 D D 21 Y Y Y Y 2006	Date Due ON DEMAND	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>3000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>3000.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 HONEYCUTT FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 BMW DIRECT, INC

Nature of Debt (Purpose):  
 DIRECT MAIL FUNDRAISING EXPENSE

Mailing Address 1155 - 15TH STREET, NW

City State ZIP Code  
 WASHINGTON DC 20005

Outstanding Balance Beginning This Period **Transaction ID:** SD10.18857

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

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 BMW LISTS, INC

Nature of Debt (Purpose):  
 LIST RENTAL EXPENSE

Mailing Address 1155 - 15TH STREET, NW  
 SUITE 614

City State ZIP Code  
 WASHINGTON DC 20005

Outstanding Balance Beginning This Period **Transaction ID:** SD10.4136

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

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 CATTERTON PRINTING

Nature of Debt (Purpose):  
 DIRECT MAIL FUNDRAISING

Mailing Address 100 POST OFFICE RD

City State ZIP Code  
 WALDORF MD 20602

Outstanding Balance Beginning This Period **Transaction ID:** SD10.12897

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>33513.18</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 HONEYCUTT FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1155 - 15TH STREET, NW SUITE 614	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 4287.30	<b>Transaction ID: SD10.4137</b>	
Amount Incurred This Period 11742.90	Payment This Period 12798.07	Outstanding Balance at Close of This Period 3232.13

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING EXPENSE
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period 8363.70	<b>Transaction ID: SD10.4138</b>	
Amount Incurred This Period 14103.00	Payment This Period 19980.70	Outstanding Balance at Close of This Period 2486.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRIOT PARTNERS, INC	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING EXPENSE
Mailing Address 1155 - 15TH STREET, NW SUITE 614	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 27930.30	<b>Transaction ID: SD10.4140</b>	
Amount Incurred This Period 73337.82	Payment This Period 95329.04	Outstanding Balance at Close of This Period 5939.08

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>11657.21</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 93 / 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 HONEYCUTT FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PATTON-KIEHL GROUP	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address PO BOX 590	
City State ZIP Code THORNBURG VA 22565	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.18863</b>	
Amount Incurred This Period 7961.49	Payment This Period 6622.49	Outstanding Balance at Close of This Period 1339.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): CAGING & ESCROW EXPENSE
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 1393.88	<b>Transaction ID: SD10.4141</b>	
Amount Incurred This Period 2579.64	Payment This Period 3973.52	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1339.00
2) <b>TOTALS</b> This Period (last page this line number only).....	46509.39
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	