

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Committee to Re-Elect Denise Majette

ADDRESS (number and street) P.O. Box 2318
 Check if different than previously reported. (ACC)
Stone Mountain GA 30086

2. **FEC IDENTIFICATION NUMBER** C00373290
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
GA 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 04 01 2003 through 06 30 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Roger LeVine

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

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Re-Elect Denise Majette

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	180063.00	321566.03
(b) Total Contribution Refunds (from Line 20(d)).....	2550.00	2550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	177513.00	319016.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	81393.34	216951.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	13604.72	13851.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67788.62	203099.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	132949.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	93696.20	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	3

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	85098.00	0.00
(i) Itemized (use Schedule A).....	10965.00	0.00
(ii) Unitemized.....	96063.00	134190.87
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	84000.00	187375.16
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	180063.00	321566.03
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	13604.72	13851.79
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)..... ▶		
	193667.72	335417.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	81393.34	216951.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	12163.91	22163.91
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12163.91	22163.91
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2550.00	2550.00
(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)).....	2550.00	2550.00
21. OTHER DISBURSEMENTS.....	1710.00	1710.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	97817.25	243375.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37098.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	193667.72
25. SUBTOTAL (add Line 23 and Line 24).....	230766.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	97817.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	132949.26

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

Name of Candidate Denise Majette		Candidate ID Number H2GA04110
Name of Principal Campaign Committee Committee to Re-Elect Denise Majette		Committee ID Number C C00373290
Committee Address P.O. Box 2318		
City Stone Mountain	State GA	ZIP 30086
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	246252.82	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	246252.82	0.00

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 / 111
	<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)
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) A. John L. Adams		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address PO Box 98		Transaction ID: C6422	
City State Zip Code Decatur GA 30031-0098		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation Self-Employed Real Estate Broker			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Steve R. Adams		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 3	
Mailing Address PO Box 624		Transaction ID: C6135	
City State Zip Code Carrollton GA 30112-0012		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation Alliant Construction Company Managing Partner			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. J. David Allen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 3	
Mailing Address 5090 Chastleton Dr		Transaction ID: C6209	
City State Zip Code Stone Mountain GA 30087-1440		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation Oral & Maxillofacial Surgery Oral Surgeon			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

Mailing Address PO Box 8915

City Atlanta State GA Zip Code 31106-0915

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

Name of Employer Anthony Consulting Group Occupation Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C6148

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)
Robert J. Augustine

Mailing Address 5491 Stapleton Drive

City Atlanta State GA Zip Code 30338-2917

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C6339

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)
Matthew Bernstein

Mailing Address 2130 East Lake Road NE

City Atlanta State GA Zip Code 30307-1836

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

Name of Employer Emory University Occupation Professor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C6386

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) ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
John G. Blackmon

Mailing Address 2286 Sagamore Hills Dr

City State Zip Code
Decatur GA 30033-1215

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

Name of Employer Occupation
Drew Eckl & Farnham Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2003

Transaction ID: C6362

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)
Jon G. Blaustein

Mailing Address 1901 Cedar Canyon Dr NE

City State Zip Code
Atlanta GA 30345-4025

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

Name of Employer Occupation
Alston & Bird LLP Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2003

Transaction ID: C6116

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)
Timothy J. Buckley, III

Mailing Address 2065 Castleway Ln NE

City State Zip Code
Atlanta GA 30345-4019

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

Name of Employer Occupation
Finley & Buckley Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2003

Transaction ID: C6210

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Rodney D. Bullard

Mailing Address 2837 Hermosa Drive

City State Zip Code
Decatur GA 30034

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

Name of Employer Occupation
United States Air Force Captain

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2003

Transaction ID: C6175

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)
Peter C. Canfield

Mailing Address 2295 Mount Paran Road NW

City State Zip Code
Atlanta GA 30327-2925

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

Name of Employer Occupation
Dow, Lohnes & Albertson Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Transaction ID: C6109

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)
Ashley Carraway

Mailing Address 544 Lakeshore Dr NE

City State Zip Code
Atlanta GA 30307-1750

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

Name of Employer Occupation
Atlanta Legal Aid Society Director of Advocacy

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2003

Transaction ID: C6345

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) ► **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 10 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Chad Clatterbaugh

Mailing Address 1424 Cartecay Drive NE

City Atlanta State GA Zip Code 30319-3462

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

Name of Employer JLS Technical Staffing Occupation Director of Operations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C6193

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)
Mark H. Cohen

Mailing Address 921 Highland Terrace NE

City Atlanta State GA Zip Code 30306-3413

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

Name of Employer Troutman Sanders LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C6220

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)
George D.N. Coletti

Mailing Address 5417 E Mountain St

City Stone Mountain State GA Zip Code 30083-3072

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

Name of Employer Family Dental Group Occupation Dentist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C6342

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)	▶	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 11 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Douglas C. Curling

Mailing Address 11200 Bowen Rd

City Roswell State GA Zip Code 30075-2239

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

Name of Employer ChoicePoint Inc. Occupation President and CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 16 / 2003

Transaction ID: C6243

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)
Ann L. Davis

Mailing Address 2167 W Wesley Rd NW

City Atlanta State GA Zip Code 30327-2025

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

Name of Employer Self Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 02 / 2003

Transaction ID: C6200

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)
Jay M. Davis

Mailing Address 2167 W Wesley Rd NW

City Atlanta State GA Zip Code 30327-2025

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

Name of Employer National Distributing Company Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 02 / 2003

Transaction ID: C6199

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

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

Mailing Address 1489 Leafmore Place

City State Zip Code
Decatur GA 30033-2050

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

Name of Employer Occupation
None Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 3

Transaction ID: C6176

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)
Jeff Dickerson

Mailing Address 191 Peachtree St NE Ste 3300

City State Zip Code
Atlanta GA 30303-1749

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

Name of Employer Occupation
Dickerson Communications Public Affairs Specialist

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: C6156

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)
Amy S. Durrell

Mailing Address 971 Oakdale Rd NE

City State Zip Code
Atlanta GA 30307-1271

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

Name of Employer Occupation
None Homemaker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

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

Transaction ID: C6330

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Melita Easters		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 3	
Mailing Address 3215 Glen Arden Dr NW		Transaction ID: C6478	
City State Zip Code Atlanta GA 30305-1901	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Georgia's WIN List	Occupation Chairwoman	* In-Kind: Catering costs	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Kenneth M. Ellner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 88 Polo Dr NE		Transaction ID: C6431	
City State Zip Code Atlanta GA 30309-2720	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kaiser Permanente	Occupation Physician		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Glenn Farley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 3	
Mailing Address 1454 Briarcliff Road NE		Transaction ID: C6409	
City State Zip Code Atlanta GA 30306-2254	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RBC	Occupation Executive		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
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 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
R. Keegan Federal, ESQ.

Mailing Address 2 Ravinia Drive
Suite 1430

City Atlanta State GA Zip Code 30346

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2003

Transaction ID: C6240

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)
Evan S. Fishman

Mailing Address 320 Falls Ridge Cv

City Alpharetta State GA Zip Code 30022-3329

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

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2003

Transaction ID: C6192

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)
William Floyd

Mailing Address 712 West Ponce De Leon Avenue

City Decatur State GA Zip Code 30030-2954

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

Name of Employer City of Decatur Occupation Mayor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2003

Transaction ID: C6472

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Mia Frieder Hilley

Mailing Address 1426 Lanier Ct NE

City Atlanta State GA Zip Code 30319-5504

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
06 / 24 / 2003

Transaction ID: C6340

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)
Brian Friedman

Mailing Address 4062 Lake Erin Court

City Tucker State GA Zip Code 30084-2533

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

Name of Employer First Meridian Wealth Integration Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
06 / 17 / 2003

Transaction ID: C6255

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)
J.B. Fuqua

Mailing Address 1201 W Peachtree St NW Ste 5000

City Atlanta State GA Zip Code 30309-3467

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

Name of Employer Fuqua Capital Corp Occupation Chairman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
05 / 27 / 2003

Transaction ID: C6173

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)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Elliott Goldstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 3	
Mailing Address 191 Peachtree St NE Sixteenth Floor		Transaction ID: C6202	
City Atlanta State GA Zip Code 30303-1740	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Powell Goldstein Frazer & Murphy Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Attorney Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Elliott Goldstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3	
Mailing Address 191 Peachtree St NE Sixteenth Floor		Transaction ID: C6250	
City Atlanta State GA Zip Code 30303-1740	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Powell Goldstein Frazer & Murphy Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Attorney Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Bruce A. Hagen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3	
Mailing Address 119 North McDonough Street		Transaction ID: C6245	
City Decatur State GA Zip Code 30030	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Edward J. Hardin

Mailing Address 870 Berkshire Rd NE

City Atlanta State GA Zip Code 30324-4930

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

Name of Employer Rogers & Hardin Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C6388

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)
Terrance D. Harps

Mailing Address 140 Dink Scott Court

City Ellenwood State GA Zip Code 30294-3172

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

Name of Employer Grecian Foods, Inc. Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 3

Transaction ID: C6407

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)
Alan C. Harvey

Mailing Address 1051 Lakeshore Drive

City Avondale Estates State GA Zip Code 30002-1430

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: C6195

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Douglas Hertz

Mailing Address 3741 Paces Valley Rd NW

City Atlanta State GA Zip Code 30327-3207

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

Name of Employer United Distributors, Inc. Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C6442

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Michael W. Higgins

Mailing Address 5434 Oxford Chase Way

City Dunwoody State GA Zip Code 30338-3011

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

Name of Employer Higgins & Dubner Occupation Lawyer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: C6207

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Stephen Holtzman

Mailing Address 5 Downshire Circle

City Decatur State GA Zip Code 30033-1437

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

Name of Employer Emory University Occupation Professor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C6170

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Charles T. Huddleston

Mailing Address 1256 Pasadena Avenue NE

City Atlanta State GA Zip Code 30306-3118

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

Name of Employer Arnall Golden Gregory, LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 3

Transaction ID: C6190

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)
Carol A. Jackson

Mailing Address PO Box 11692

City Atlanta State GA Zip Code 30355-1692

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

Name of Employer None Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C6242

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)
Lou Brown Jewell

Mailing Address 2800 Cravey Trl NE

City Atlanta State GA Zip Code 30345-1424

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

Name of Employer None Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6208

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Van Johnson

Mailing Address 2804 Peppermint Dr

City State Zip Code
Tucker GA 30084-2321

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

Name of Employer ReMax Occupation Real Estate

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

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

Transaction ID: C6203

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)
Christine A. Koehler

Mailing Address 3983 Brockett Walk

City State Zip Code
Tucker GA 30084-6402

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2003

Transaction ID: C6254

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)
Jay S. Lazega

Mailing Address 1163 Rosedale Drive NE

City State Zip Code
Atlanta GA 30306

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

Name of Employer Weissman, Nowack, Curry & Wilco Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2003

Transaction ID: C6376

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 21 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Jacques Leclercq

Mailing Address 950 E Paces Ferry Rd NE Ste 2160

City Atlanta State GA Zip Code 30326-1384

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

Name of Employer Marlec, Inc. Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
06 / 26 / 2003

Transaction ID: C6387

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)
Robert Leebern

Mailing Address 600 Peachtree St NE Ste 5200

City Atlanta State GA Zip Code 30308-2231

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

Name of Employer Troutman Sanders LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
06 / 11 / 2003

Transaction ID: C6219

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Russell P. Love

Mailing Address 1170 Austin Glen Dr

City Atlanta State GA Zip Code 30338-3231

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

Name of Employer McKenna, Long & Aldridge Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
04 / 10 / 2003

Transaction ID: C6117

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Albert P. Loverde		Date of Receipt MM / DD / YYYY 06 / 24 / 2003
Mailing Address 5316 Trowbridge Dr		Transaction ID: C6364
City State Zip Code Dunwoody GA 30338-3623	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Metro PCS	Occupation Vice President & General Manager Atlant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Valerie Lynn-Logue		Date of Receipt MM / DD / YYYY 06 / 16 / 2003
Mailing Address 1296 Bay Street		Transaction ID: C6239
City State Zip Code Staten Island NY 10305-3123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Businesswoman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Saundra Maass Robinson		Date of Receipt MM / DD / YYYY 06 / 28 / 2003
Mailing Address 3008 Meadow Lark Drive		Transaction ID: C6408
City State Zip Code East Point GA 30344-4036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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 23 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Charles T. Magarahan

Mailing Address 2900 Chamblee Tucker Road
Building 1

City Atlanta State GA Zip Code 30341-4100

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C6169

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)
W. Michael Maloof

Mailing Address 215 West McDonough Street

City Decatur State GA Zip Code 30030

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: C6115

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)
Bernard Marcus

Mailing Address 7460 Wildercliff Dr NW

City Atlanta State GA Zip Code 30328-1144

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

Name of Employer The Home Depot, Inc. Occupation Co-Founder / Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: C6392

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)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Billi Marcus

Mailing Address 7460 Wildercliff Dr NW

City Atlanta State GA Zip Code 30328-1144

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

Name of Employer Self Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6393

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)
Ted L. Marcus

Mailing Address 125 Barnard PI NW

City Atlanta State GA Zip Code 30328-2000

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6399

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)
Douglas McCurdy

Mailing Address 1515 Silver Hill Rd

City Stone Mountain State GA Zip Code 30087-2426

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

Name of Employer None Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6167

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. E. R. Mitchell, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 3	
Mailing Address 1311 Desoto Falls Ct SW		Transaction ID: C6346	
City Atlanta State GA Zip Code 30311-3662	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer E.R. Mitchell Company Occupation President	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Carol Ellis Morgan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3	
Mailing Address 124 Harold Byrd Dr		Transaction ID: C6241	
City Decatur State GA Zip Code 30030-1104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Service Industries Occupation President	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. A. A. Neese, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 3	
Mailing Address 3031 Habersham Way NW		Transaction ID: C6204	
City Atlanta State GA Zip Code 30305-2800	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Neese Advisory Services Occupation President	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
William U. Norwood, III

Mailing Address 1023 Saint James Xing NE

City Atlanta State GA Zip Code 30319-1984

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

Name of Employer Pope, McGlamry et al. Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: C6205

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Steve I. Oppenheimer

Mailing Address 5334 Long Island Dr NW

City Atlanta State GA Zip Code 30327-4981

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

Name of Employer Self Occupation Real Estate

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2003

Transaction ID: C6166

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)
Fred L. Otte

Mailing Address 2801 Millwood Way

City Decatur State GA Zip Code 30033-2432

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

Name of Employer None Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2003

Transaction ID: C6114

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2625.00
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 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Charles F. Palmer

Mailing Address 2109 Ponce De Leon Ave NE

City Atlanta State GA Zip Code 30307-1347

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

Name of Employer Troutman Sanders Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2003

Transaction ID: C6214

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)
Kathleen Pattillo

Mailing Address 4525 Club Drive NE

City Atlanta State GA Zip Code 30319-1123

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

Name of Employer Self Occupation Community Activist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2003

Transaction ID: C6421

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)
Robert A. Pattillo

Mailing Address 2987 Clairmont Rd NE Ste 320

City Atlanta State GA Zip Code 30329-4434

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

Name of Employer Robert Pattillo Properties Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2003

Transaction ID: C6150

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)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Donna C. Philips

Mailing Address 344 S Candler St

City State Zip Code
Decatur GA 30030-3744

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

Name of Employer None Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C6212

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)
Jim D. Philips

Mailing Address 344 S Candler St

City State Zip Code
Decatur GA 30030-3744

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

Name of Employer Hatfield Philips, Inc. Occupation Real Estate Broker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C6211

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)
Clay W. Reese

Mailing Address 2704 Rangewood Drive NE

City State Zip Code
Atlanta GA 30345-1500

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

Name of Employer Robert Pattillo Propertie-s, Inc. Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 3

Transaction ID: C6191

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Max Richardson, Jr.

Mailing Address 2024 Beaver Ruin Rd

City Norcross State GA Zip Code 30071-3710

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2003

Transaction ID: C6406

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
John Edward Robinson

Mailing Address 150 E Ponce De Leon Ave Ste 330

City Decatur State GA Zip Code 30030-2553

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2003

Transaction ID: C6163

Amount of Each Receipt this Period
125.00

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

C. Full Name (Last, First, Middle Initial)
Gail E. Ronan

Mailing Address 76 Lakeshore Drive

City Avondale Estates State GA Zip Code 30002-1475

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

Name of Employer Fain, Major, Wiley & Brennan Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 870.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2003

Transaction ID: C6157

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)	▶	1125.00
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 30 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

Mailing Address 425 N Harbor Dr NW

City Atlanta State GA Zip Code 30328-2733

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

Name of Employer Arnall Golden Gregory, LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2003

Transaction ID: C6216

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)
Herman J. Russell

Mailing Address 275 13th Street NE

City Atlanta State GA Zip Code 30309-3694

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

Name of Employer HJ Russell Construction Co. Occupation Chairman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2003

Transaction ID: C6347

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)
Andrew Scherffius

Mailing Address 1201 Peachtree St NE
400 Colony Square

City Atlanta State GA Zip Code 30361-6301

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

Name of Employer Scherffius, Ballard et al Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2003

Transaction ID: C6327

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Rachel Schonberger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 3
Mailing Address 1686 Grove Park Way		Transaction ID: C6383
City State Zip Code Decatur GA 30033-1347	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Emory Occupation Physician	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joyce H. Schwob		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 3
Mailing Address 750 Park Ave NE 41 SW		Transaction ID: C6367
City State Zip Code Atlanta GA 30326-3289	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation homemaker	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cathy Selig		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 3
Mailing Address 1100 Spring St NW Ste 550		Transaction ID: C6158
City State Zip Code Atlanta GA 30309-2857	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Selig Enterprises Occupation Sr. VP	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
S. Stephen Selig, III

Mailing Address 1100 Spring St NW Ste 550

City Atlanta State GA Zip Code 30309-2857

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

Name of Employer Selig Enterprises Occupation Real Estate Developer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: C6391

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)
Herbert Shafer

Mailing Address 41 Forrest PI NE

City Atlanta State GA Zip Code 30328-4866

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 3

Transaction ID: C6253

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)
Grant T. Stein

Mailing Address 1471 Lachona Ct NE

City Atlanta State GA Zip Code 30329-3481

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

Name of Employer Alston & Bird, LLC Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6151

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. John Stephens		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2003
Mailing Address 305 Equipment Ct		Transaction ID: C6470
City State Zip Code Lawrenceville GA 30045-4480	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer John D. Stephens, Inc.	Occupation Contractor	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mason W. Stephenson		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2003
Mailing Address 3773 Club Dr NE		Transaction ID: C6146
City State Zip Code Atlanta GA 30319-1107	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer King & Spalding	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Stephanie Stuckey Benfield		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2003
Mailing Address 1817 Dyson Dr		Transaction ID: C6341
City State Zip Code Decatur GA 30030-1020	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Georgia	Occupation Georgia State Representative	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Richard Ussery		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 1 Mountain Ridge Ct		Transaction ID: C6444	
City State Zip Code Columbus GA 31904-1968		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Total System Occupation CEO			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Everett Darryl Walker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 3	
Mailing Address 1612 Ivy Spring Drive SE		Transaction ID: C6379	
City State Zip Code Smyrna GA 30080-3683		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Physician			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Felker W. Ward, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 3	
Mailing Address 4405 Mall Boulevard Suite 310		Transaction ID: C6181	
City State Zip Code Union City GA 30291-2070		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pinnacle Investment Advisors Occupation Investment Advisor			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 35 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Thomas R. Wardell

Mailing Address 2435 Valhalla Dr NE

City Atlanta State GA Zip Code 30345-3892

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

Name of Employer McKenna, Long & Aldridge Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6136

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)
Roland L. Washington

Mailing Address 1838 Cooper Lake Dr SE

City Smyrna State GA Zip Code 30080-6412

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

Name of Employer Self Occupation Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 398.00

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

Transaction ID: C6093

Amount of Each Receipt this Period
398.00

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

Overpayment of expense re-imburs.

C. Full Name (Last, First, Middle Initial)
Joseph F. Weber

Mailing Address 3406 Old Plantation Rd NW

City Atlanta State GA Zip Code 30327-2426

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

Name of Employer H.C. Brill Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 3

Transaction ID: C6189

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)	4398.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Joe A. Weeks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3
Mailing Address 23 N Avondale Rd		Transaction ID: C6247
City Avondale Estates	State GA	Zip Code 30002-1305
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	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)

Full Name (Last, First, Middle Initial) B. Brian W. Wertheim		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 3
Mailing Address 315 W Ponce De Leon Ave Ste 850		Transaction ID: C6179
City Decatur	State GA	Zip Code 30030-2493
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	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)

Full Name (Last, First, Middle Initial) C. Melinda M. Wertheim		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3
Mailing Address 70 Old Stratton Chase NW		Transaction ID: C6244
City Atlanta	State GA	Zip Code 30328-3652
FEC ID number of contributing federal political committee.	C	
Name of Employer self	Occupation Homemaker	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	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)

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Melinda M. Wertheim

Mailing Address 70 Old Stratton Chase NW

City Atlanta State GA Zip Code 30328-3652

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

Name of Employer self Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6344

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)
Warren O. Wheeler

Mailing Address 2637 Lake Rd

City Tucker State GA Zip Code 30084-2348

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

Name of Employer Schreeder, Wheeler & Flint, LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6249

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)
John F. Wieland

Mailing Address PO Box 87363

City Atlanta State GA Zip Code 30337-0363

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

Name of Employer John Weiland Homes Occupation CEO & Chairman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6248

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Phyllis Williams		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 3	
Mailing Address 4126 Mountain Oak Cove		Transaction ID: C6343	
City State Zip Code Stone Mountain GA 30083-1229		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Witcher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 3	
Mailing Address 1241 Poplar Grove Dr NE		Transaction ID: C6329	
City State Zip Code Atlanta GA 30306-2210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dave Wolf, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 3	
Mailing Address 3481 Pinestream Rd NW		Transaction ID: C6165	
City State Zip Code Atlanta GA 30327-2205		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Retired			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	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:	PAGE 39 / 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Stewart Partners LLC

Mailing Address 1501 M St NW Ste 1175

City State Zip Code
Washington DC 20005-1700

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C6103

Amount of Each Receipt this Period
500.00

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

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Jarvis C. Stewart

Mailing Address 1501 M St NW Ste 1175

City State Zip Code
Washington DC 20005-1700

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

Name of Employer Occupation
Stewart & Partners LLC Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C6104

Amount of Each Receipt this Period
500.00

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	85098.00

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 / 111
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. AFLAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 3	
Mailing Address 1300 Pennsylvania Ave. NW Suite 300		Transaction ID: C6401	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00034157		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00		

Full Name (Last, First, Middle Initial) B. AFL-CIO National Maritime Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 3	
Mailing Address 1150 17th Street NW Suite 700		Transaction ID: C6328	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00286401		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Air Line Pilots Association PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 1625 Massachusetts Avenue NW		Transaction ID: C6437	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00035451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. ALTRIA Group PAC		Date of Receipt MM / DD / YYYY 06 / 11 / 2003
Mailing Address 120 Park Avenue		Transaction ID: C6229
City State Zip Code New York NY 10017	FEC ID number of contributing federal political committee. C C00089136	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Chiropractic Association		Date of Receipt MM / DD / YYYY 06 / 27 / 2003
Mailing Address 1701 Clarendon Boulevard		Transaction ID: C6404
City State Zip Code Arlington VA 22209	FEC ID number of contributing federal political committee. C C00102764	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. American Hospital Association		Date of Receipt MM / DD / YYYY 06 / 30 / 2003
Mailing Address 325 Seventeenth Street NW Suite 700		Transaction ID: C6415
City State Zip Code Washington DC 20004	FEC ID number of contributing federal political committee. C C00106146	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. AmeriChem PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2003
Mailing Address 1300 Wilson Boulevard		Transaction ID: C6455
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00252338		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ATLA PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2003
Mailing Address 1050 31st St. NW		Transaction ID: C6230
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C C00024521		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. BellSouth FED-PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2003
Mailing Address 1025 Lenox Park Blvd. 6B648		Transaction ID: C6182
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C C00174060		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 111
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 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)
Committee to Re-Elect Denise Majette

A. Full Name (Last, First, Middle Initial)
Bricklayers and Allied Craftworkers

Mailing Address 1176 Eye Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2003

Transaction ID: C6368

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)
BUILD PAC

Mailing Address 1201 15th Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2003

Transaction ID: C6414

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Building & Construction Trades Dept.

Mailing Address 815 16th Street NW Suite 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2003

Transaction ID: C6436

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Coca-Cola Company Non-Partisan Committee		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2003	
Mailing Address P.O. Box 1734		Transaction ID: C6236	
City State Zip Code Atlanta GA 30313	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00012468		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Coca-Cola Enterprises PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2003	
Mailing Address 2500 Windy Ridge Parkway		Transaction ID: C6102	
City State Zip Code Atlanta GA 30339	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00250134		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Comcast PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2003	
Mailing Address 1500 Market Street		Transaction ID: C6154	
City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2003
Mailing Address 2400 Pleasant Hill Rd. Suite 300		Transaction ID: C6402
City Duluth State GA Zip Code 30096	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00007880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2548.18	

Full Name (Last, First, Middle Initial) B. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2003
Mailing Address P.O.Box 365		Transaction ID: C6155
City Washington State DC Zip Code 20044	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00211318		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dow, Lohnes & Albertson		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2003
Mailing Address 1200 New Hampshire Avenue NW Suite 800		Transaction ID: C6322
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00346189		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Farm Credit Bureau PAC

Mailing Address 50 F Street NW
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C6441

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)
Fortis PAC

Mailing Address 501 West Michigan Street
P.O. Box 3050

City Milwaukee State WI Zip Code 53201-3050

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C6390

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)
Georgia Power Company Federal PAC

Mailing Address 241 Ralph McGill Blvd. NE

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00119776

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 3

Transaction ID: C6403

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Georgians for Thurbert Baker

Mailing Address P.O. Box 7396

City Atlanta State GA Zip Code 30357

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 3

Transaction ID: C6159

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)
Georgia-Pacific Employees Fund

Mailing Address 1120 G Street NW Suite 1050

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00028670

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6389

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)
Health Plan PAC

Mailing Address 1129 20th Street NW Number 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C6460

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Jenkins for Congress		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2003	
Mailing Address P.O. Box 70		Transaction ID: C6429	
City State Zip Code Jasper GA 30143		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00038323		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Household International, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2003	
Mailing Address 2700 Sanders Rd.		Transaction ID: C6446	
City State Zip Code Prospect Heights IL 60070		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00033423		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Independent Insurance Agents of America		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2003	
Mailing Address 412 First Street SE Suite 300		Transaction ID: C6400	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00022343		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial) International Assoc. of Fire Fighters Mailing Address 1750 New York Avenue NW City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. C C00029447 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C6450 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	3	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	3														
500.00																							

B. Full Name (Last, First, Middle Initial) International Union Operating Engineers Mailing Address 1125 17th St. NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C C00279737 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C6363 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	3	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	4		2	0	0	3														
500.00																							

C. Full Name (Last, First, Middle Initial) Ironworkers PAC Mailing Address 1750 New York Avenue NW City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. C C70001136 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> </table> Transaction ID: C6231 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	3	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	1		2	0	0	3														
1000.00																							

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 111
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6235

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)
Laborers' Political League

Mailing Address 905 Sixteenth Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C6377

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
Lockheed Martin PAC

Mailing Address 1725 Jefferson Davis Highway
Crystal Square Two, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C6349

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Machinists Non-Partisan Political League		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 9000 Machinist Pl.		Transaction ID: C6419	
City State Zip Code Upper Marlboro MD 20772		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. National Beer Wholesalers Association		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 3	
Mailing Address 1100 King Street Suite 600		Transaction ID: C6215	
City State Zip Code Alexandria VA 22314-2944		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. National Chicken Council		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 3	
Mailing Address 1015 15th Street NW Suite 930		Transaction ID: C6458	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00034272		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
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 52 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. National Funeral Directors Association PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 3	
Mailing Address 13625 Bishop's Drive		Transaction ID: C6172	
City Brookfield	State WI	Zip Code 53005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00204008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. National Treasury Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 901 E Street NW Suite 600		Transaction ID: C6417	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00107128		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Natl Comm. to Preserve Social Security & Medicare		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 3	
Mailing Address 10 G Street NE Suite 600		Transaction ID: C6232	
City Washington	State DC	Zip Code 20002-4215	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C70002597		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Norfolk Southern Corporation Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3
Mailing Address Three Commerical Place		Transaction ID: C6420
City State Zip Code Norfolk VA 23510-2191	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00009282		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Parsons Transportation Group		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 3
Mailing Address 1133 15th Street NW Suite 800		Transaction ID: C6233
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00119784		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Powell Goldstein Frazer & Murphy PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 3
Mailing Address Sixteenth Floor Ninety One Peachtree Street NE		Transaction ID: C6355
City State Zip Code Atlanta GA 30303	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00218891		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Service Employees International Union		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 1313 L Street NW		Transaction ID: C6439	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00004036		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Sheet Metal Workers' International		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 3	
Mailing Address 1750 New York Avenue NW		Transaction ID: C6457	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00007542		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. The Blue Cross Blue Shield Association		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3	
Mailing Address 1310 G Street NW		Transaction ID: C6438	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00194746		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 55 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. The Home Depot Inc. Better Government Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 3
Mailing Address 2455 Paces Ferry Road NW Floor C-17		Transaction ID: C6461
City Atlanta State GA Zip Code 30339-4024	FEC ID number of contributing federal political committee. C C00284885	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. The New Democrat Network		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3
Mailing Address 777 North Capitol Street NE Suite 410		Transaction ID: C6448
City Washington State DC Zip Code 20002-4294	FEC ID number of contributing federal political committee. C C00319772	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Transport Workers Union of America PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 3
Mailing Address 1700 Broadway		Transaction ID: C6238
City New York State NY Zip Code 10019-5905	FEC ID number of contributing federal political committee. C C00008268	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 56 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Troutman Sanders LLP PAC

Mailing Address 600 Peachtree Street, Suite 5200

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2003

Transaction ID: C6217

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)
Troutman Sanders LLP PAC

Mailing Address 600 Peachtree Street, Suite 5200

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2003

Transaction ID: C6218

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)
U.S. Chamber PAC

Mailing Address 1615 H Street NW

City Washington State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2003

Transaction ID: C6462

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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 57 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
UAW Voluntary Community Action Program

Mailing Address 8000 East Jefferson Ave.

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

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

Transaction ID: C6234

Amount of Each Receipt this Period
1000.00

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

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

B. Full Name (Last, First, Middle Initial)
UNITE

Mailing Address 1710 Broadway

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C6440

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)
United Food & Commercial Workers

Mailing Address 1775 K Street NW

City State Zip Code
Washington DC 20006-1598

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	3

Transaction ID: C6412

Amount of Each Receipt this Period
5000.00

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

\$5,000 rcvd 3/06/03 for '02 debt

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

Mailing Address 54 Glenlake Pkwy. NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 0 3

Transaction ID: C6162

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)
United Parcel Service PAC

Mailing Address 54 Glenlake Pkwy. NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C6375

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)
WellPoint Health Networks

Mailing Address 1 WellPoint Way
T2-1A6

City Thousand Oaks State CA Zip Code 91362

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C6416

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Wendy's PAC

Mailing Address 4288 West Dublin Granville Rd.

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee. **C** C00369090

Name of Employer Occupation

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

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: C6197

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
American Postal Workers Union, AFL-CIO

Mailing Address 1300 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C70003322

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C6140

Amount of Each Receipt this Period
1000.00

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

* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
AMERIPAC

Mailing Address 499 South Capitol Street SW
Suite 108

City State Zip Code
Washington DC 20003-4001

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

Name of Employer Occupation
Conduit total: \$6,500.00

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

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

Transaction ID: C6140B

Amount of Each Receipt this Period
1000.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Carpenter's Legislative Improvement Committee

Mailing Address 101 Constitution Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: C6198

Amount of Each Receipt this Period
5000.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
AMERIPAC

Mailing Address 499 South Capitol Street SW
Suite 108

City State Zip Code
Washington DC 20003-4001

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

Name of Employer Occupation
Conduit total: \$6,500.00

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

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

Transaction ID: C6198B

Amount of Each Receipt this Period
5000.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
United Transportation Union

Mailing Address 14600 Detroit Avenue

City State Zip Code
Cleveland OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 3

Transaction ID: C6145

Amount of Each Receipt this Period
500.00

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 61 / 111	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
AMERIPAC

Mailing Address 499 South Capitol Street SW
Suite 108

City State Zip Code
Washington DC 20003-4001

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

Name of Employer Occupation
Conduit total: \$6,500.00

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	3

Transaction ID: C6145B

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	84000.00

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

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

FOR LINE NUMBER: PAGE 62 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address 211 Perimeter Center Pkwy NE FI 10

City Atlanta State GA Zip Code 30346-1305

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
35500.00

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

Transaction ID: C6493

Amount of Each Receipt this Period
35500.00

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

SUBTOTAL of Receipts This Page (optional) ► **0.00**

TOTAL This Period (last page this line number only) ► **0.00**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 111	
	(check only one)			
<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 checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Murphy Putnam Media

Mailing Address 901 N Washington St Ste 500

City State Zip Code
Alexandria VA 22314-1535

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13546.00

Date of Receipt

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

Transaction ID: C6153

Amount of Each Receipt this Period
13546.00

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

Media refund

SUBTOTAL of Receipts This Page (optional)	▶	13546.00
TOTAL This Period (last page this line number only)	▶	13546.00

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)

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

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

Full Name (Last, First, Middle Initial) A. John L. Adams		Transaction ID: D2983 Date of Disbursement 04 / 01 / 2003
Mailing Address PO Box 98		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30031-0098	Category/ Type	
Purpose of Disbursement Door-to-door get out the vote Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. John L. Adams		Transaction ID: D1417 Date of Disbursement 05 / 13 / 2003
Mailing Address PO Box 98		Amount of Each Disbursement this Period 7108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30031-0098	Category/ Type	
Purpose of Disbursement Door-to-door get out the vote Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Transaction ID: D1360 Date of Disbursement 04 / 05 / 2003
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 46.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Category/ Type	
Purpose of Disbursement Payroll Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	9154.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Transaction ID: D1366 Date of Disbursement 04 / 22 / 2003
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 39.05
City Roseland State NJ Zip Code 07068-1728	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Transaction ID: D1405 Date of Disbursement 05 / 07 / 2003
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 46.35
City Roseland State NJ Zip Code 07068-1728	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Transaction ID: D3212 Date of Disbursement 06 / 04 / 2003
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 46.65
City Roseland State NJ Zip Code 07068-1728	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	132.05
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Transaction ID: D3209 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 519.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Transaction ID: D2990 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 3
Mailing Address 1 Adp Blvd		Amount of Each Disbursement this Period 44.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseland State NJ Zip Code 07068-1728	Purpose of Disbursement Payroll Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Atlanta Pride Committee		Transaction ID: D1328 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 3
Mailing Address 57 Executive Park South NE Ste 380		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 Atlanta State GA Zip Code 30329-2254	Purpose of Disbursement Charitable contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	814.77
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. BellSouth Full Name (Last, First, Middle Initial) Mailing Address PO Box 740144 City Atlanta State GA Zip Code 30374-0144 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1356 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3 Amount of Each Disbursement this Period 568.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. BellSouth Full Name (Last, First, Middle Initial) Mailing Address PO Box 740144 City Atlanta State GA Zip Code 30374-0144 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1379 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 3 Amount of Each Disbursement this Period 765.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. BellSouth Full Name (Last, First, Middle Initial) Mailing Address PO Box 740144 City Atlanta State GA Zip Code 30374-0144 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1377 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 3 Amount of Each Disbursement this Period 621.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1955.48
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cooper & Secrest Associates		Transaction ID: D1312 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 228 S Washington St Ste 330		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-5404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Polling consultant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Denise L. Majette		Transaction ID: D1382 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 62.15
City Stone Mountain State GA Zip Code 30088-3133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Goldie L. Dicks		Transaction ID: D1409 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 3
Mailing Address 1557 Stoneleigh Way		Amount of Each Disbursement this Period 550.00
City Stone Mountain State GA Zip Code 30088-3432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting fee- office admin.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1612.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Melita Easters		Transaction ID: D1427 Date of Disbursement 06 / 22 / 2003
Mailing Address 3215 Glen Arden Dr NW		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30305-1901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FEDEX		Transaction ID: D1329 Date of Disbursement 04 / 02 / 2003
Mailing Address 1668 Austin Dr		Amount of Each Disbursement this Period 15.87
City Decatur State GA Zip Code 30032-4801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FEDEX		Transaction ID: D1349 Date of Disbursement 04 / 15 / 2003
Mailing Address 1668 Austin Dr		Amount of Each Disbursement this Period 23.21
City Decatur State GA Zip Code 30032-4801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2039.08
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1348 Date of Disbursement 04 / 22 / 2003 Amount of Each Disbursement this Period 16.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1347 Date of Disbursement 04 / 22 / 2003 Amount of Each Disbursement this Period 13.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1378 Date of Disbursement 05 / 16 / 2003 Amount of Each Disbursement this Period 23.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	53.43
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friendship International Inc.		Transaction ID: D1311 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 3951 Snapfinger Pkwy		Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30035-3299		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friendship International Inc.		Transaction ID: D1411 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 3
Mailing Address 3951 Snapfinger Pkwy		Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30035-3299		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friendship International Inc.		Transaction ID: D1410 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 3
Mailing Address 3951 Snapfinger Pkwy		Amount of Each Disbursement this Period 1002.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30035-3299		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3006.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Georgia Dept. of Labor		Transaction ID: D3186 Date of Disbursement 04 / 01 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 867.32
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Georgia Dept. of Labor		Transaction ID: D1364 Date of Disbursement 04 / 15 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 848.76
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Georgia Dept. of Labor		Transaction ID: D1371 Date of Disbursement 04 / 30 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 848.76
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2564.84
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Georgia Dept. of Labor		Transaction ID: D1407 Date of Disbursement 05 / 14 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 844.76
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Georgia Dept. of Labor		Transaction ID: D1421 Date of Disbursement 05 / 30 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 840.76
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Georgia Dept. of Labor		Transaction ID: D3208 Date of Disbursement 06 / 12 / 2003
Mailing Address PO Box 740234		Amount of Each Disbursement this Period 519.85
City Atlanta State GA Zip Code 30374-0234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2205.37
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Georgia Federal Elections Committee		Transaction ID: D1310 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 1100 Spring Street Suite 710		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30309-2829	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jason C. Hegt		Transaction ID: D1358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jason C. Hegt		Transaction ID: D1432 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3565.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Jason C. Hegt		Transaction ID: D1380 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jason C. Hegt		Transaction ID: D1408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Jason C. Hegt		Transaction ID: D1433 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State GA Zip Code 30033		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2347.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Jason C. Hegt Full Name (Last, First, Middle Initial)		Transaction ID: D3182 Date of Disbursement 06 / 30 / 2003
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 1565.18
City Decatur State GA Zip Code 30033	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Ed Kilgore Full Name (Last, First, Middle Initial)		Transaction ID: D3058 Date of Disbursement 04 / 01 / 2003
Mailing Address 2416 Lowesville Rd		Amount of Each Disbursement this Period 2000.00
City Amherst State VA Zip Code 24521-4237	Purpose of Disbursement Communications consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. James R. Morris Full Name (Last, First, Middle Initial)		Transaction ID: D3185 Date of Disbursement 04 / 01 / 2003
Mailing Address 2624 E Madison Dr		Amount of Each Disbursement this Period 568.75
City Atlanta State GA Zip Code 30360-2027	Purpose of Disbursement Accounting Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4133.93
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: D1314 Date of Disbursement 04 / 01 / 2003
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 881.63
City Washington State DC Zip Code 20503-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs	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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D1341 Date of Disbursement 04 / 17 / 2003
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 764.76
City Washington State DC Zip Code 20503-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering costs	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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D1315 Date of Disbursement 04 / 01 / 2003
Mailing Address 5305 Connecticut Ave		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Software	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2646.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NGP Software		Transaction ID: D1375 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 3	
Mailing Address 5305 Connecticut Ave		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20015	Purpose of Disbursement Campaign Software	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: D3162 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 3	
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 86.16	
City Atlanta State GA Zip Code 30303-1563	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sutters Mill		Transaction ID: D1590 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3	
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20003-4040	Purpose of Disbursement Fundraising consulting fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2086.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Sutters Mill Full Name (Last, First, Middle Initial) Sutters Mill Mailing Address 499 S Capitol St SW Ste 103 City Washington State DC Zip Code 20003-4040 Purpose of Disbursement Fundraising consulting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1591 Date of Disbursement 04 / 02 / 2003 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Sutters Mill Full Name (Last, First, Middle Initial) Sutters Mill Mailing Address 499 S Capitol St SW Ste 103 City Washington State DC Zip Code 20003-4040 Purpose of Disbursement Fundraising consulting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1593 Date of Disbursement 06 / 15 / 2003 Amount of Each Disbursement this Period 2588.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sutters Mill Full Name (Last, First, Middle Initial) Sutters Mill Mailing Address 499 S Capitol St SW Ste 103 City Washington State DC Zip Code 20003-4040 Purpose of Disbursement Fundraising consulting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1594 Date of Disbursement 06 / 15 / 2003 Amount of Each Disbursement this Period 7411.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. TermNet Merchant Services		Transaction ID: D1361 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 7.75
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. TermNet Merchant Services		Transaction ID: D1363 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 50.70
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. TermNet Merchant Services		Transaction ID: D1373 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 51.05
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	109.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. TermNet Merchant Services		Transaction ID: D1412 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 3
Mailing Address 2030 Powers Ferry Rd SE Ste 134		Amount of Each Disbursement this Period 50.35
City Atlanta State GA Zip Code 30339-5016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card processing fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Maccabee Group		Transaction ID: D1350 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 3
Mailing Address 3 Chauncey Street #8		Amount of Each Disbursement this Period 2000.00
City Cambridge State MA Zip Code 02138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Research consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: D3213 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 3
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 117.62
City Cincinnati State OH Zip Code 45274-2596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign calls made on cell phone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2167.97
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: D1342 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 3
Mailing Address 5181 W Mountain St		Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30083-3531		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kendra C. Vara		Transaction ID: D1359 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3013		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kendra C. Vara		Transaction ID: D1367 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3013		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2361.36
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kendra C. Vara		Transaction ID: D1368 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kendra C. Vara		Transaction ID: D1406 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kendra C. Vara		Transaction ID: D1431 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3486.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kendra C. Vara		Transaction ID: D1422 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kendra C. Vara		Transaction ID: D1478 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 3
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 1162.18
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roland L. Washington		Transaction ID: D1354 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 1838 Cooper Lake Dr SE		Amount of Each Disbursement this Period 10000.00
City Smyrna State GA Zip Code 30080-6412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Strategic Consulting fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12324.36
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Winning Connections Full Name (Last, First, Middle Initial) Mailing Address 3 Chauncy Street #8 City Cambridge State MA Zip Code 02138 Purpose of Disbursement Phone Banking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D1313 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Kendra C. Vara Full Name (Last, First, Middle Initial) Mailing Address 232 Sydney Street SE City Atlanta State GA Zip Code 30312-3013 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D1316 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 72.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D1318 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 15.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	1572.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 650 Ponce De Leon Ave NE City Atlanta State GA Zip Code 30308-1804 Purpose of Disbursement Nametags, pens, envelope sealers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1317 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 47.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Jason C. Hegt Full Name (Last, First, Middle Initial) Jason C. Hegt Mailing Address 405 Carlyle Lake Drive City Decatur State GA Zip Code 30033 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1319 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 2525.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Dav El Full Name (Last, First, Middle Initial) Dav El Mailing Address 200 2nd St City Chelsea State MA Zip Code 02150-1802 Purpose of Disbursement Travel expense- car service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1320 Date of Disbursement 04 / 01 / 2003 Amount of Each Disbursement this Period 436.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	2525.28
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dav El		Transaction ID: D1323 Date of Disbursement 04 / 02 / 2003	
Mailing Address 200 2nd St		Amount of Each Disbursement this Period 315.12	
City Chelsea State MA Zip Code 02150-1802	Purpose of Disbursement Travel expense- car service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. The Hyatt Regency- Downtown Atlanta		Transaction ID: D1322 Date of Disbursement 04 / 01 / 2003	
Mailing Address 265 Peachtree St		Amount of Each Disbursement this Period 1200.00	
City Atlanta State GA Zip Code 30303-1294	Purpose of Disbursement Catering costs and facility rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: D1321 Date of Disbursement 04 / 01 / 2003	
Mailing Address 5181 W Mountain St		Amount of Each Disbursement this Period 484.60	
City Stone Mountain State GA Zip Code 30083-3531	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ronald Hegt		Transaction ID: D1330 Date of Disbursement 04 / 02 / 2003	
Mailing Address PO Box 21465		Amount of Each Disbursement this Period 148.00	
City Atlanta State GA Zip Code 30322-0003	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: D1424 Date of Disbursement 04 / 02 / 2003	
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 148.00	
City Atlanta State GA Zip Code 30303-1563	Purpose of Disbursement Campaign calls made on cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Kendra C. Vara		Transaction ID: D1333 Date of Disbursement 04 / 05 / 2003	
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 309.36	
City Atlanta State GA Zip Code 30312-3013	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	457.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1336 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 3 Amount of Each Disbursement this Period 29.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. T-Mobile Full Name (Last, First, Middle Initial) Mailing Address PO Box 742596 City Cincinnati State OH Zip Code 45274-2596 Purpose of Disbursement Campaign calls made on cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1334 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 3 Amount of Each Disbursement this Period 103.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. T-Mobile Full Name (Last, First, Middle Initial) Mailing Address PO Box 742596 City Cincinnati State OH Zip Code 45274-2596 Purpose of Disbursement Campaign calls made on cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 3 Amount of Each Disbursement this Period 176.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Denise L. Majette		Transaction ID: D1345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 86.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stone Mountain State GA Zip Code 30088-3133	Purpose of Disbursement SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: D1346 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 233 Peachtree St NE Ste 1600		Amount of Each Disbursement this Period 86.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Atlanta State GA Zip Code 30303-1563	Purpose of Disbursement Campaign calls made on cell phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ronald Hegt		Transaction ID: D1352 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 3
Mailing Address PO Box 21465		Amount of Each Disbursement this Period 129.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30322-0003	Purpose of Disbursement SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	215.78
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Sprint Full Name (Last, First, Middle Initial) Mailing Address 233 Peachtree St NE Ste 1600 City Atlanta State GA Zip Code 30303-1563 Purpose of Disbursement Campaign calls made on cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1383 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 3 Amount of Each Disbursement this Period 129.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Jason C. Hegt Full Name (Last, First, Middle Initial) Mailing Address 405 Carlyle Lake Drive City Decatur State GA Zip Code 30033 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1384 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 3 Amount of Each Disbursement this Period 51.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. USPS Full Name (Last, First, Middle Initial) Mailing Address 5181 W Mountain St City Stone Mountain State GA Zip Code 30083-3531 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1385 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 3 Amount of Each Disbursement this Period 51.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	51.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jason C. Hegt		Transaction ID: D1387 Date of Disbursement 05 / 13 / 2003	
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 1539.49	
City Decatur State GA Zip Code 30033	Purpose of Disbursement SEE BELOW 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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. The 191 Club		Transaction ID: D1388 Date of Disbursement 04 / 02 / 2003	
Mailing Address 191 Peachtree St		Amount of Each Disbursement this Period 1054.76	
City Atlanta State GA Zip Code 30303-1740	Purpose of Disbursement Catering costs 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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Airtran Airways		Transaction ID: D3184 Date of Disbursement 06 / 24 / 2003	
Mailing Address Dept. INT		Amount of Each Disbursement this Period 458.00	
City Orlando State FL Zip Code 32827	Purpose of Disbursement Travel expense 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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	1539.49
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1577 Date of Disbursement 05 / 14 / 2003 Amount of Each Disbursement this Period 14.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	---

B. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1578 Date of Disbursement 05 / 21 / 2003 Amount of Each Disbursement this Period 15.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr City Decatur State GA Zip Code 30032-4801 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1565 Date of Disbursement 05 / 26 / 2003 Amount of Each Disbursement this Period 15.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. FEDEX</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1668 Austin Dr</p>		<p>Transaction ID: D1571 Date of Disbursement 06 / 23 / 2003</p>	
<p>City Decatur State GA Zip Code 30032-4801</p>		<p>Amount of Each Disbursement this Period 34.27</p>	
<p>Purpose of Disbursement Postage Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p>B. Hotels.com</p> <p>Full Name (Last, First, Middle Initial) Mailing Address</p>		<p>Transaction ID: D1570 Date of Disbursement 06 / 23 / 2003</p>	
<p>City State Zip Code</p>		<p>Amount of Each Disbursement this Period 209.00</p>	
<p>Purpose of Disbursement Travel expenses Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 650 Ponce De Leon Ave NE</p>		<p>Transaction ID: D1569 Date of Disbursement 06 / 19 / 2003</p>	
<p>City Atlanta State GA Zip Code 30308-1804</p>		<p>Amount of Each Disbursement this Period 29.04</p>	
<p>Purpose of Disbursement office supplies Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D1573 Date of Disbursement 06 / 23 / 2003
Mailing Address 650 Ponce De Leon Ave NE		Amount of Each Disbursement this Period 34.81
City Atlanta State GA Zip Code 30308-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Labels Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mail Advertising Systems Inc.		Transaction ID: D3183 Date of Disbursement 06 / 13 / 2003
Mailing Address 1148 Franklin Rd SE Ste G		Amount of Each Disbursement this Period 614.05
City Marietta State GA Zip Code 30067-8985	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage and mailing Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kendra C. Vara		Transaction ID: D3181 Date of Disbursement 05 / 06 / 2003
Mailing Address 232 Sydney Street SE		Amount of Each Disbursement this Period 75.42
City Atlanta State GA Zip Code 30312-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	75.42
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-2596

Purpose of Disbursement
Campaign calls made on cell phone
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D1391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

80204.79

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

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

A. Denise L. Majette Full Name (Last, First, Middle Initial) Denise L. Majette		Transaction ID: D1430 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 35000.00
City Stone Mountain State GA Zip Code 30088-3133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refinancing of loan Candidate Name	Category/Type	[MEMO ITEM] See expl. at report's end
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Denise L. Majette Full Name (Last, First, Middle Initial) Denise L. Majette		Transaction ID: D1332 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 5000.00
City Stone Mountain State GA Zip Code 30088-3133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan Repayment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Denise L. Majette Full Name (Last, First, Middle Initial) Denise L. Majette		Transaction ID: D1381 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 3
Mailing Address 5226 Fieldgreen Xing		Amount of Each Disbursement this Period 2000.00
City Stone Mountain State GA Zip Code 30088-3133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan repayment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Transaction ID: D1326 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 211 Perimeter Center Pkwy NE FI 10		Amount of Each Disbursement this Period 1003.42
City Atlanta State GA Zip Code 30346-1305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Interest on loan Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Suntrust Bank		Transaction ID: D1429 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 211 Perimeter Center Pkwy NE FI 10		Amount of Each Disbursement this Period 35000.00
City Atlanta State GA Zip Code 30346-1305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement Refinancing of loan Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Suntrust Bank		Transaction ID: D1344 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 3
Mailing Address 211 Perimeter Center Pkwy NE FI 10		Amount of Each Disbursement this Period 160.49
City Atlanta State GA Zip Code 30346-1305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Interest on loan Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1163.91
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Transaction ID: D1365 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 3
Mailing Address 211 Perimeter Center Pkwy NE FI 10		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30346-1305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan Payment		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Suntrust Bank		Transaction ID: D1386 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 3
Mailing Address 211 Perimeter Center Pkwy NE FI 10		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30346-1305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan Payment		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

12163.91

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

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

Full Name (Last, First, Middle Initial) A. Padgett Business Services		Transaction ID: D1258 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 1112 Jimson Cir SE		Amount of Each Disbursement this Period 250.00
City Conyers State GA Zip Code 30013-2058	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of corporate check- #1001		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flowers By Jerome		Transaction ID: D1140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 351 N Clarendon Ave		Amount of Each Disbursement this Period 500.00
City Scottsdale State GA Zip Code 30079-1319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of corporate check- #1003		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Thomas & Carol Greenbaum Foundation		Transaction ID: D1147 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 2747 Maple Brook SE		Amount of Each Disbursement this Period 500.00
City Marietta State GA Zip Code 30067	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of corporate check- #1002		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Georgia Pipe Trades		Transaction ID: D1338 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 3
Mailing Address PO Box 17806		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30316-0806	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of corporate contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. S. Stephen Selig, III		Transaction ID: D1340 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 3
Mailing Address 1100 Spring St NW Ste 550		Amount of Each Disbursement this Period 300.00
City Atlanta State GA Zip Code 30309-2857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of contribution- over limit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1300.00

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

2550.00

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 102 / 111

<input 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 checked="" type="checkbox"/> 21

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

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

Full Name (Last, First, Middle Initial) A. United States Department of Treasury		Transaction ID: D1259 Date of Disbursement MM / DD / YYYY 04 / 01 / 2003
Mailing Address Financial Management Service Credit Account Branch		Amount of Each Disbursement this Period <input type="text" value="380.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hyattsville	State MD	
Zip Code 20782	Purpose of Disbursement Anonymous contr. over limit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. United States Department of Treasury		Transaction ID: D1339 Date of Disbursement MM / DD / YYYY 04 / 05 / 2003
Mailing Address Financial Management Service Credit Account Branch		Amount of Each Disbursement this Period <input type="text" value="150.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hyattsville	State MD	
Zip Code 20782	Purpose of Disbursement Anonymous contr. over limit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. United States Department of Treasury		Transaction ID: D1337 Date of Disbursement MM / DD / YYYY 04 / 05 / 2003
Mailing Address Financial Management Service Credit Account Branch		Amount of Each Disbursement this Period <input type="text" value="1180.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hyattsville	State MD	
Zip Code 20782	Purpose of Disbursement Anonymous contr. over limit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)

1710.00

TOTAL This Period (last page this line number only)

1710.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 103 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

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

Transaction ID: L17

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	26300.00	8700.00

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)	8700.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 104 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

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

Transaction ID: L6

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

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

TERMS

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

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

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

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 105 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

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

Transaction ID: L13

LOAN SOURCE Full Name (Last, First, Middle Initial) Suntrust Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 211 Perimeter Center Pkwy NE Fl 10	
City Atlanta State GA ZIP Code 30346-1305	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35500.00	5163.91	30336.09

TERMS

Date Incurred M M 0 4 D D 0 1 Y Y Y Y 2 0 0 3	Date Due 20050314	Interest Rate .052 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Denise L. Majette	Name of Employer United States House of Representatives
Mailing Address 5226 Fieldgreen Xing	Occupation Member of Congress
City Stone Mountain State GA ZIP Code 30088-3133	Amount Guaranteed Outstanding: 35500.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	30336.09
TOTALS This Period (last page in this line only)	39036.09
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 106 / 111 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Committee to Re-Elect Denise Majette		FEC IDENTIFICATION NUMBER C00373290	
Back Ref ID: L13			
LENDING INSTITUTION (LENDER) Full Name SunTrust Bank		Amount of Loan 35500.00	Interest Rate (APR) 5.25 %
Mailing Address 211 Perimeter Center Parkway Suite 100		Date Incurred or Established 04 01 2003	
City Atlanta	State GA	Zip Code 30346	Date Due 20050314
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, date originally incurred : 08 16 2002	
B. If line of credit, Amount of this Draw: .00		Total Outstanding balance : .00	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: [][] [][] [][]		Location of account Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Degas Wright Signature _____		DATE 04 01 2003	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Julia Taylor Signature _____		DATE 04 01 2003	
Title _____			

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

(Use separate schedule(s) for each numbered line)	PAGE 107 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID: D1099	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="412.50"/>	Transaction ID: D1306	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="412.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor McKenna Long & Aldridge LLP	Nature of Debt (Purpose): Legal and political advisory services
Mailing Address 303 Peachtree St NE Ste 5300	
City State ZIP Code Atlanta GA 30308-3265	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: D1428	
Amount Incurred This Period <input type="text" value="19721.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19721.75"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="22134.25"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 4250.00	Transaction ID: D1221	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 2750.00

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

Outstanding Balance Beginning This Period 6500.00	Transaction ID: D1587	
Amount Incurred This Period 0.00	Payment This Period 6500.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: D1592	
Amount Incurred This Period 15270.15	Payment This Period 2588.79	Outstanding Balance at Close of This Period 12681.36

1) SUBTOTALS This Period This Page (optional).....	15431.36
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) 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 109 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="7411.21"/>	Transaction ID: D1595	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7411.21"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="14594.50"/>	Transaction ID: D1097	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13094.50"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="17094.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="54660.11"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value=""/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>

Image# 26950463330

Form/Schedule: **F3A**

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

Transaction ID:

Form/Schedule: **SC/10**

Loan to Candidate from MBNA, personal credit card. Terms listed above.

Transaction ID: **L17**

Image# 26950463331

Form/Schedule: **SC/10** Loan to Candidate from SunTrust Bank. Terms listed above.
Transaction ID: **L6**

Form/Schedule: **SA13A** Loan to campaign with candidate as guarantor. Takes place of previous loan from candidate on 8/16/02.
Transaction ID: **C6493**
