

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Norwood for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	107026.24	614953.07
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2707.09
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	107026.24	612245.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	105788.73	470653.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	105788.73	470653.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	824031.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Norwood for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25511.35

306403.33

(ii) Unitemized.....

11686.00

55122.85

(iii) TOTAL of contributions

37197.35

361526.18

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

69828.89

253328.89

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

107026.24

614953.07

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

10966.06

20851.20

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

117992.30

635804.27

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	105788.73	470653.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2707.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2707.09
21. OTHER DISBURSEMENTS.....	2225.51	5575.51
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108014.24	478936.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	814053.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	117992.30
25. SUBTOTAL (add Line 23 and Line 24).....	932045.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108014.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	824031.51

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

Name of Candidate		Candidate ID Number	
Charlie Norwood		H4GA10022	
Name of Principal Campaign Committee		Committee ID Number	
Norwood for Congress		C C00287367	
Committee Address PO Box 499			
City	State	ZIP	
Evans	GA	30809-	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	635804.27	635804.27	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	635804.27	635804.27	

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 / 84
	<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

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)
Norwood for Congress

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

Mailing Address Attention: Kathryn Pontzer
317 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002-5701

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 51006.C30526

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Action Commte for Rural Electric. PAC

Mailing Address Attn: Mr. Bob Dawson
4301 Wilson Blvd

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

Transaction ID: 51003.C30517

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Amer. Academy of Nurse Practitioners PAC

Mailing Address P.O. Box 40473

City Washington State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 60110.C30639

Amount of Each Receipt this Period
1500.00

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

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: (check only one)	PAGE 7 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Amer. Assn of Clinical Urologists

Mailing Address Attn: Mr. Randy Fenniger
c/o MARC Associates

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 51006.C30524

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
Amer. Occupational Therapy PAC

Mailing Address Attn: Christina Metzler
Post Office Box 31220

City Bethesda State MD Zip Code 20824-1220

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 51013.C30560

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Amer. Occupational Therapy PAC

Mailing Address Attn: Christina Metzler
Post Office Box 31220

City Bethesda State MD Zip Code 20824-1220

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 60110.C30737

Amount of Each Receipt this Period
500.00

Receipt
 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 8 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Amer. Soc. of Intervential Pain Phys PAC

Mailing Address Mr. Laxmaiah Manchikanti
2831 Lone Oak Road

City Paducah State KY Zip Code 42003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 51013.C30567

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Amer. Society of Anesthesiologists PAC

Mailing Address Attn: Mr. Mike Scott
1101 Vermont Ave NW Suite 606

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: 60110.C30895

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Amer. Speech-Language-Hearing Assoc.

Mailing Address Attn: James Potter
444 North Captiol St., NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60110.C30921

Amount of Each Receipt this Period
1000.00

Receipt
 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 9 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
American Academy of Audiology PAC

Mailing Address 11730 Plaza Americ Drive
Suite 300

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 51013.C30564

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Assoc. of Nurse Anesthetists

Mailing Address Attn: Frank Purcell
412 First Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 51013.C30565

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
American Chiropractic Assoc. PAC

Mailing Address Attn: Mr. Jay Witter
1701 Clarendon Boulevard

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 51013.C30566

Amount of Each Receipt this Period
1000.00

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

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 10 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
American College of Cardiology
 Mailing Address Attn: Dr. Steven West
9111 Old Georgetown Road
 City State Zip Code
Bethesda MD 20814-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 5
Transaction ID: 51006.C30522
 Amount of Each Receipt this Period
2000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American College of Radiology PAC
 Mailing Address Mr. Ted Burnes
1891 Preston White Drive
 City State Zip Code
Reston VA 20191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5
Transaction ID: 60110.C30609
 Amount of Each Receipt this Period
2500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Dental PAC
 Mailing Address Attn: Mr. Bill Prentice
1111 14th St NW 11th Floor
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5
Transaction ID: 60110.C30607
 Amount of Each Receipt this Period
1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 84
	(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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. American Hospital Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Attn: Mark Seklecki 325 Seventh Street, NW		Transaction ID: 60110.C30605
City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Podiatric Med Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address Mr. Bryon Leroux 9312 Old Georgetown Road		Transaction ID: 51006.C30534
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. ASTRO PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 12500 Fair Lakes Circle Suite 375		Transaction ID: 51006.C30521
City State Zip Code Fairfax VA 22033-3863	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 12 / 84
	(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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial) BellSouth Fed-PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address Attn: Mr. Warren A. Ragsdale 1025 Lenox Park Boulevard		Transaction ID: 51003.C30518
City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Concrete Masonry PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 2302 Horse Pen Road		Transaction ID: 51013.C30555
City State Zip Code Herndon VA 20171	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Every Republican is Crucial		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address Congressman Eric Cantor 25 East Main Street		Transaction ID: 60110.C30897
City State Zip Code Richmond VA 23219	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Georgia Power Co. Fed. PAC Inc.

Mailing Address Mr. Jim McCool
601 Pennsylvania Aveune, NW

City Washington State DC Zip Code 20004-2635

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 51006.C30533

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Hardwood Federation PAC

Mailing Address Ms. Betsy Ward
1111 Nineteenth Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 51013.C30568

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Home Depot Better Government Cmte PAC

Mailing Address Attn: Mr. Kent Knutson
2455 Paces Ferry Road, NW

City Atlanta State GA Zip Code 30339

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 51006.C30531

Amount of Each Receipt this Period
1000.00

Receipt
 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 14 / 84
	<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	

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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial) Home Depot Inc. PAC Mailing Address Attn: Mr. Bryan Jacobs 101 Constitution Ave. NE City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5 Transaction ID: 60110.C30793 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		

B. Full Name (Last, First, Middle Initial) IEC Good Government PAC Mailing Address 4401 Ford Avenue Suite 1100 City State Zip Code Alexandria VA 22302 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5 Transaction ID: 60127.C30992 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Lockheed Martin Employees PAC Mailing Address Attn: Mr. Steve Chaudet 1550 Crystal Drive City State Zip Code Arlington VA 22202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5 Transaction ID: 51003.C30519 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 84
	(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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial) National Assn of Health Underwriters Mailing Address Mr. Tom Bruderle 2000 North 14th Street City Arlington State VA Zip Code 22201 FEC ID number of contributing federal political committee. C		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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60110.C30629 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <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	1	0		2	5		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	5														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) National Assn. of Retired Federal Emp. Mailing Address Attn: Ms. Judy Park 606 North Washington Street City Alexandria State VA Zip Code 22314-1943 FEC ID number of contributing federal political committee. C		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51006.C30523 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <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	1	0		0	4		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	5														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) National Beer Wholesalers Assoc. PAC Mailing Address Attn: Mr. David Rehr 1100 South Washington Street City Alexandria State VA Zip Code 22314-4457 FEC ID number of contributing federal political committee. C		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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60110.C30877 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <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	1	2		1	4		2	0	0	5	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	5														
5000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																				
5000.00																							

SUBTOTAL of Receipts This Page (optional)	7000.00
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 16 / 84
	(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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Natl. Cable & Telecommunications PAC

Mailing Address Attn:Henry Plaster
1724 Massachusetts Avenue

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 60110.C30878

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address Attn: Mr. Mark Cribben
2121 K Street, NW

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: 51006.C30525

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
OB-GYNs for Womens Health PAC

Mailing Address Dr. Charles Hammond
Post Office Box 23498

City State Zip Code
Washington DC 20026-3498

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 60110.C30608

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 84
	<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Pfizer PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address Attn: Mr. Chuck Hardwick 325 7th Street, NW, Suite 1200		Transaction ID: 51003.C30520
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Physical Therapy PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Attn: Mr. Michael P. Matlak 1111 North Fairfax Street		Transaction ID: 60110.C30604
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

Full Name (Last, First, Middle Initial) C. Purdue Pharma PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address Attn: Burt E. Rosen 700 Thirteenth Street, NW		Transaction ID: 60110.C30920
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

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 18 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address ROYB Fund 209 Pennsylvania Avenue SE		Transaction ID: 60110.C30891	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1328.89	
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		travel expenses	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1328.89	

B. Full Name (Last, First, Middle Initial) Republican Majority Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address Attn: Senator Saxby Chambliss 1155 21st Street NW		Transaction ID: 60110.C30919	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) SkinPAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5	
Mailing Address Attn: Dr. Patrick Davey 1350 I Street, NW		Transaction ID: 60110.C30832	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3328.89
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 19 / 84
	(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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Society of Thoracic Surgeons PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address Mr. J. Michael Hogan 1025 Connecticut Avenue, NW		Transaction ID: 60110.C30847
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. Spine PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address Attn: Leslee Olson 22 Calendar Court		Transaction ID: 60110.C30896
City La Grange State IL Zip Code 60525	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. The 159 Group		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address Attn: Mr. Samuel Kellett 2515 Brookwood Drive		Transaction ID: 51003.C30516
City Atlanta State GA Zip Code 30305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	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: PAGE 20 / 84
	(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)
Norwood for Congress

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

Mailing Address Mr. Mark Alagna
316 Pennsylvania Avenue, SE

City State Zip Code
Washington DC 20003-1185

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: 60110.C30640

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address Attn:Laurie Smalling
575 7th Street N.W

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 51006.C30532

Amount of Each Receipt this Period
1000.00

Receipt
 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)	69828.89

**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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Earl Allen

Mailing Address 4735 Fairfield Estates W

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
Csra Camperland Inc. Owner

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

200.00

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

Transaction ID: 60118.C30922

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Tuttle Barksdale

Mailing Address 13166 Hwy 24 West

City State Zip Code
Sandersville GA 31082

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

Name of Employer Occupation
Self Farmer

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

200.00

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

Transaction ID: 60110.C30736

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Wanda Barrett

Mailing Address 1953 Barrett Road

City State Zip Code
Hiawassee GA 30546

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

Name of Employer Occupation
Self Business Owner

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

200.00

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

Transaction ID: 60110.C30794

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Samuel Beck

Mailing Address Attn: Samuel Beck
Post Office Box 1691

City Clayton State GA Zip Code 30525

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

Name of Employer Self Occupation Funeral Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60110.C30839

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Daniel Bertoch

Mailing Address 4401 Carrollwood Village Drive

City Tampa State FL Zip Code 33624

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 51013.C30570

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ulmer Bridges

Mailing Address PO Box 684

City Hephzibah State GA Zip Code 30815

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

Name of Employer Jefferson Energy Occupation Economic Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30650

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Rick Brown

Mailing Address Rick Brown
960 Hickman Road

City Augusta State GA Zip Code 30904

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

Name of Employer Sand Hills Properties Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2005

Transaction ID: 60110.C30846

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Burch Cameron

Mailing Address 5605a Princeton Ave

City Columbus State GA Zip Code 31904

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

Name of Employer Self Occupation Orthodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2005

Transaction ID: 51006.C30529

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Neil Carlisle

Mailing Address Athens Home Inspections
5000 Barnett Shoals Road

City Athens State GA Zip Code 30605

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

Name of Employer Athens Home Inspections Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2005

Transaction ID: 60110.C30901

Amount of Each Receipt this Period
200.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Nelson Carswell

Mailing Address 101 Woodridge Road

City State Zip Code
Dublin GA 31021-2940

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

Name of Employer Self Occupation
Doctor

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

100.00

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

Transaction ID: 60110.C30731

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Nelson Carswell

Mailing Address 101 Woodridge Road

City State Zip Code
Dublin GA 31021-2940

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

Name of Employer Self Occupation
Doctor

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

200.00

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

Transaction ID: 60110.C30860

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Jack Carter

Mailing Address 3534 Pebble Beach Drive

City State Zip Code
Augusta GA 30907-9520

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

Name of Employer Retired Occupation
Orthodontist

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

850.00

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

Transaction ID: 60110.C30747

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	450.00
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Frank Coggins

Mailing Address PO Box 250

City State Zip Code
Elberton GA 30635

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

Name of Employer Coggins Industry Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60110.C30606

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Marian Conger

Mailing Address 2808 Peachtree Pl

City State Zip Code
Augusta GA 30909

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60110.C30595

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Henry Cook

Mailing Address 2051 Piedmont Lake Road

City State Zip Code
Pine Mountain GA 31822-3598

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 51013.C30575

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Lloyd Cook

Mailing Address 654 McKinnes Court

City State Zip Code
Evans GA 30809-9469

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

Name of Employer Occupation
MCG Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 60110.C30603

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Lloyd Cook

Mailing Address 654 McKinnes Court

City State Zip Code
Evans GA 30809-9469

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

Name of Employer Occupation
MCG Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: 60110.C30707

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Robert Cowles

Mailing Address 1011 Deer Run

City State Zip Code
Greensboro GA 30642

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

Name of Employer Occupation
Atlanta Center for Urology Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 51013.C30546

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 84
	<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)
Norwood for Congress

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

Mailing Address 1011 Deer Run

City Greensboro State GA Zip Code 30642

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

Name of Employer Atlanta Center for Urology Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2295.25

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

Transaction ID: 60118.C30924

Amount of Each Receipt this Period
295.25

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

Lunch

B. Full Name (Last, First, Middle Initial)
Douglas Crawford

Mailing Address 438 Capri Drive

City Hartwell State GA Zip Code 30643-4069

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30691

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Robert Cutting

Mailing Address 752 Westport Road

City Martinez State GA Zip Code 30907-9531

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

Name of Employer U.S. Army Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30744

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **495.25**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Manuel Davila

Mailing Address 2919 Cravey Trail

City Atlanta State GA Zip Code 30345

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

Name of Employer Self Occupation Oral Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2005

Transaction ID: 60110.C30722

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Bob Davis

Mailing Address 3925 Roberts Rd

City Augusta State GA Zip Code 30907

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

Name of Employer Nat. Mail Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60127.C30991

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 6432 Ridge Road

City Appling State GA Zip Code 30802-9546

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

Name of Employer Retired Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2005

Transaction ID: 60110.C30699

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	450.00
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
F.C. Ferguson

Mailing Address 3623 J Dewey Gray Cir
Suite 313

City Augusta State GA Zip Code 30909-6511

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 60110.C30683

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Robert Ferris

Mailing Address 475 Maitland Avenue

City Altamonte Springs State FL Zip Code 32701-5444

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: 51013.C30572

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Louis Folley

Mailing Address 3408 Dunnington Pl

City Augusta State GA Zip Code 30909

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

Name of Employer Sunbelt Nissan Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30741

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Murray Freedman

Mailing Address 7 Retreat Road

City State Zip Code
Augusta GA 30909-1837

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

Name of Employer
Augusta OB/GYN

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

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

Transaction ID: 60110.C30898

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Leroy Fullerton

Mailing Address 3498 Stallings Island Rd

City State Zip Code
Martinez GA 30907

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

Name of Employer
Orthopedic Assoc. of Augusta

Occupation
Orthopedic Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: 60110.C30852

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Thomas Gadacz

Mailing Address 4205 Ascot Court

City State Zip Code
Evans GA 30809

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

Name of Employer
Medical College of GA

Occupation
Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60110.C30623

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
J. Harper Gaston

Mailing Address Po Box 670

City State Zip Code
Greenville GA 30222

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

Name of Employer Self Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30913

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Rainier Gonzalez

Mailing Address 3822 SW 167th Terrace

City State Zip Code
Hollywood FL 33027

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

Name of Employer Pacer Health Corp Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 51013.C30563

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Michael Gorback

Mailing Address 3110 Scenic Elm Street

City State Zip Code
Houston TX 77059

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30862

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 / 84
	<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)
Norwood for Congress

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

Mailing Address 3822 Inverness Way

City State Zip Code
Martinez GA 30907-9029

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

Name of Employer University Primary Care Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 583.31

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

Transaction ID: 60110.C30637

Amount of Each Receipt this Period
83.33

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

B. Full Name (Last, First, Middle Initial)
Charles Green

Mailing Address 3822 Inverness Way

City State Zip Code
Martinez GA 30907-9029

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

Name of Employer University Primary Care Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 666.64

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

Transaction ID: 60110.C30798

Amount of Each Receipt this Period
83.33

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

C. Full Name (Last, First, Middle Initial)
Charles Green

Mailing Address 3822 Inverness Way

City State Zip Code
Martinez GA 30907-9029

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

Name of Employer University Primary Care Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 749.97

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

Transaction ID: 60110.C30902

Amount of Each Receipt this Period
83.33

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

SUBTOTAL of Receipts This Page (optional) ▶ **249.99**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Hagenbruch

Mailing Address 502 North Hart Boulevard

City State Zip Code
Harvard IL 60033

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

Name of Employer Self Occupation
Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 51013.C30578

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Robert Hallman

Mailing Address 6460 River Chase Circle NE

City State Zip Code
Atlanta GA 30328

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

Name of Employer Self Occupation
Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30742

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Hugh Hamilton

Mailing Address 3 Eagleton Ct

City State Zip Code
Augusta GA 30909-1803

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

Name of Employer Genesis Health LLC Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60110.C30781

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Wade Hammer

Mailing Address 3020 Vassar Dr

City State Zip Code
Augusta GA 30909-3438

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

Name of Employer Occupation
VA Medical Center Oral Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2005

Transaction ID: 60110.C30738

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
William Herrington

Mailing Address 1110 Laurel Place

City State Zip Code
Athens GA 30606

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

Name of Employer Occupation
Self Radiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2005

Transaction ID: 60124.C30963

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Melody Higginbotham

Mailing Address 1171 Mitchell Bridge Road

City State Zip Code
Athens GA 30606

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

Name of Employer Occupation
Self Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2005

Transaction ID: 60110.C30752

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Henry Holland

Mailing Address 1370 N Decatur Rd Ne

City Atlanta State GA Zip Code 30306

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30904

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Ralph Hudgens

Mailing Address 6509 Hwy 106 S.

City Hull State GA Zip Code 30646

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

Name of Employer State of Georgia Occupation Senator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 60110.C30838

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Payne Hughes

Mailing Address 1270 Club Cove Dr

City Greensboro State GA Zip Code 30642-2225

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 51013.C30557

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
N. Tyrus Ivey

Mailing Address 752 Saint Andrews Drive

City Macon State GA Zip Code 31210-4734

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2005

Transaction ID: 51013.C30573

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Jim Jacobs

Mailing Address P.O. Box 505

City Jefferson State GA Zip Code 30549

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

570.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2005

Transaction ID: 60110.C30687

Amount of Each Receipt this Period
170.00

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

C. Full Name (Last, First, Middle Initial)
Jim Jacobs

Mailing Address P.O. Box 505

City Jefferson State GA Zip Code 30549

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

743.11

Date of Receipt
MM / DD / YYYY
12 / 28 / 2005

Transaction ID: 60127.C30998

Amount of Each Receipt this Period
173.11

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

SUBTOTAL of Receipts This Page (optional)	543.11
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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Klark Klosson

Mailing Address 3801 Nicoll Drive

City State Zip Code
Augusta GA 30906-9242

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

Name of Employer Occupation
General Dynamics Instructor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60110.C30649

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 205 Huckleberry Hill Dr.

City State Zip Code
Helen GA 30545

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

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

Transaction ID: 60110.C30669

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Robert Leebern

Mailing Address 4325 Massachusettes Ave., NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Troutman Sanders President Federal Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

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

Transaction ID: 51003.C30509

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 84
	<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)
Norwood for Congress

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

Mailing Address 7460 Wildercliff Dr., Nw.

City Atlanta State GA Zip Code 30327

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

Name of Employer Home Depot Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 51013.C30558

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Neal Marrano

Mailing Address 635 River Bottom Rd

City Athens State GA Zip Code 30606

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

Name of Employer Hematology & Oncology Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 51013.C30551

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Kenneth McDonald

Mailing Address 612 Scotts Way

City Augusta State GA Zip Code 30909

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

Name of Employer Retired Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30651

Amount of Each Receipt this Period
250.00

Receipt
 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 39 / 84
	<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Dana McWhirter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 1006 Halali Springs Road		Transaction ID: 60110.C30674	
City State Zip Code Evans GA 30809		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Savannah River Lumber	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Donna Moses		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 536 Newman St		Transaction ID: 51013.C30574	
City State Zip Code Carrollton GA 30117		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Periodontist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Glen Owen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 1314 Comfort Road		Transaction ID: 60110.C30863	
City State Zip Code Augusta GA 30909-3096		Amount of Each Receipt this Period 333.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation OB/GYN		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	633.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Randall Ozment

Mailing Address 221 Earlwood Drive

City State Zip Code
Dublin GA 31021

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 60110.C30698

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 251 Moss Side Dr

City State Zip Code
Athens GA 30607

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

Name of Employer SEHCC INC. Occupation Healthcare Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

Transaction ID: 60110.C30601

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Clarence Parker

Mailing Address 2310 N Sherwood Drive

City State Zip Code
Valdosta GA 31602-2117

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

Name of Employer Retired Occupation US Air Force

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60110.C30677

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
James Peters

Mailing Address 1621 Lighthouse Circle

City Greensboro State GA Zip Code 30642

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30678

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Stuart Prather

Mailing Address 445 Scotts Way

City Augusta State GA Zip Code 30909

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

Name of Employer Brown Radiology Assoc. Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60110.C30679

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Neil Pruitt

Mailing Address Post Office Box 1210

City Toccoa State GA Zip Code 30577

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

Name of Employer Pruitt and Associates Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 51006.C30530

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Rick Richards

Mailing Address 4210 Columbia Road
Suite 14

City State Zip Code
Martinez GA 30907

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60110.C30911

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Ryan

Mailing Address Post Office Box 967

City State Zip Code
Jackson GA 30233

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

Name of Employer Atlanta South 75, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60110.C30580

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 451 Cambridge Way

City State Zip Code
Martinez GA 30907

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

Name of Employer SRS Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: 51003.C30513

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 84
	<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)
Norwood for Congress

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

Mailing Address 3882 Wildwood Circle

City State Zip Code
Harlem GA 30814

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

Name of Employer Retired Occupation Retired

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

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

Transaction ID: 60110.C30700

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Noel Schweers

Mailing Address 913 Littleton Street

City State Zip Code
Augusta GA 30904-6121

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

Name of Employer Self Occupation Attorney

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

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

Transaction ID: 60110.C30765

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Paul Sergent

Mailing Address 125 Northview Drive

City State Zip Code
Commerce GA 30529

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

Name of Employer Self Occupation Doctor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 60110.C30854

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
J. Walter Sheffield

Mailing Address 4570 Tall Pines Drive

City Atlanta State GA Zip Code 30327

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

Name of Employer Retired Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2005

Transaction ID: 60110.C30790

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
B. E. Smith

Mailing Address 1619 Highland Avenue

City Dublin State GA Zip Code 31021-3509

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2005

Transaction ID: 60110.C30591

Amount of Each Receipt this Period
40.00

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

C. Full Name (Last, First, Middle Initial)
Richard Smith

Mailing Address 5673 Peachtree Dunwoody Road #430

City Atlanta State GA Zip Code 30342-1731

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2005

Transaction ID: 51013.C30559

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **590.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 84
	<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)
Norwood for Congress

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

Mailing Address 5673 Peachtree Dunwoody Road #430

City Atlanta State GA Zip Code 30342-1731

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: 60110.C30848

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Alex Spivey

Mailing Address 32 Conifer Lane

City Augusta State GA Zip Code 30909-4509

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

Name of Employer Horry Land Company Occupation President/Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 60110.C30758

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Jose Stolovitzky

Mailing Address 2665 N Decatur Rd 450

City Decatur State GA Zip Code 30033

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

Name of Employer Self Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30834

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Roger Swingle

Mailing Address 12860 Mead Landing Court

City Jacksonville State FL Zip Code 32223-2670

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

Name of Employer Retired Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 60110.C30908

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 2415 Apricot Lane

City Augusta State GA Zip Code 30904-3312

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

Name of Employer Self Occupation Insurance Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30720

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
James Torchia

Mailing Address 6565 South Yale Avenue Suite 510

City Tulsa State OK Zip Code 74136-8306

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

Name of Employer Self Occupation Orthodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 51013.C30577

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Roger Triftshauser

Mailing Address 5 Genesee Country Mall, A

City State Zip Code
Batavia NY 14020-2107

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

Name of Employer Self Occupation
Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 51013.C30571

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
James Walton

Mailing Address 7019 McBride Pointe

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Self Occupation
Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 51013.C30569

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Coleman Whitehead

Mailing Address 1251 Johnny McElroy Rd

City State Zip Code
Colbert GA 30628

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

Name of Employer Self Occupation
Builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30828

Amount of Each Receipt this Period
100.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 84
	<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)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Sidney Whitman

Mailing Address 52 Florence Lane

City State Zip Code
Princeton NJ 08540-2631

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60110.C30903

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Claude Williams

Mailing Address PO Box 5875

City State Zip Code
Athens GA 30604-5875

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

Name of Employer Ga. Natl. Bank Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

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

Transaction ID: 60110.C30872

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Frank Williams

Mailing Address 96 Bristlecone Court

City State Zip Code
Augusta GA 30909

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30713

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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 49 / 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name (Last, First, Middle Initial)
Russell Wright

Mailing Address Post Office Box 484

City Jasper State GA Zip Code 30143

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30735

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Stephen Yeager

Mailing Address 7001 Hodgson Memorial Drive, Suit

City Savannah State GA Zip Code 31406

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

Name of Employer Self Occupation Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60110.C30861

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	25511.35

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 84
	(check only one)	
<input 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"/> 11d	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Norwood for Congress

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

Mailing Address 3820 Washington Road

City State Zip Code
Martinez GA 30907-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3509.00

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

Transaction ID: 60127.C30988

Amount of Each Receipt this Period
3509.00

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

B. Full Name (Last, First, Middle Initial)
Georgia Bank and Trust

Mailing Address Post Office Box 15367

City State Zip Code
Augusta GA 30919-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3545.86

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

Transaction ID: 60127.C30989

Amount of Each Receipt this Period
3545.86

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

C. Full Name (Last, First, Middle Initial)
Merrill Lynch Investment Account

Mailing Address 4121 Wilson Boulevard

City State Zip Code
Arlington VA 22203-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13495.20

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

Transaction ID: 51013.C30562

Amount of Each Receipt this Period
3911.20

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

SUBTOTAL of Receipts This Page (optional)	10966.06
TOTAL This Period (last page this line number only)	10966.06

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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. A. G. Inc.		Transaction ID: 60110.E7131 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address c/o George Snelling 610 Brae Burn Drive		Amount of Each Disbursement this Period 820.20
City Martinez State GA Zip Code 30907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AIRFARE	
Purpose of Disbursement AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AFLAC Incorporated PAC		Transaction ID: 60110.E7154 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address Attn: Mr. David Pringle 1932 Wynnton Rd., 18th Floor		Amount of Each Disbursement this Period 477.00
City Columbus State GA Zip Code 31999-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AIRFARE	
Purpose of Disbursement AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: 60110.E7123 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address Post Office Box 530006		Amount of Each Disbursement this Period 225.98
City Phoenix State AZ Zip Code 85062-8522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE	
Purpose of Disbursement PHONE SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1523.18
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 60110.E7150 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address Post Office Box 530006		Amount of Each Disbursement this Period 237.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85062-8522	Category/Type	
Purpose of Disbursement PHONE SERVICES	Candidate Name	PHONE SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 60110.E7122 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address PO Box 740144		Amount of Each Disbursement this Period 56.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Category/Type	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: 60110.E7149 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address PO Box 740144		Amount of Each Disbursement this Period 56.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Category/Type	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	349.15
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)

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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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 60110.E7167 Date of Disbursement 12 / 13 / 2005
Mailing Address PO Box 740144		Amount of Each Disbursement this Period 863.90
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BellSouth Fed-PAC		Transaction ID: 60110.E7130 Date of Disbursement 11 / 29 / 2005
Mailing Address Attn: Mr. Warren A. Ragsdale 1025 Lenox Park Boulevard		Amount of Each Disbursement this Period 718.90
City Atlanta State GA Zip Code 30319-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amelia Brown		Transaction ID: 60110.E7078 Date of Disbursement 10 / 14 / 2005
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89
City Washington State GA Zip Code 30673-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAY 1-15 OCT Candidate Name	Category/Type	PAY 1-15 OCT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2594.69
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Amelia Brown		Transaction ID: 60110.E7093 Date of Disbursement 10 / 20 / 2005
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 175.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	TRAVEL TO ATHENS OGLETHORPE	
Purpose of Disbursement TRAVEL TO ATHENS OGLETHORPE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amelia Brown		Transaction ID: 60110.E7120 Date of Disbursement 10 / 28 / 2005
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	PAY 15-31 OCT	
Purpose of Disbursement PAY 15-31 OCT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amelia Brown		Transaction ID: 60110.E7136 Date of Disbursement 11 / 14 / 2005
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	PAY 1-14 NOV	
Purpose of Disbursement PAY 1-14 NOV		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2199.35
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Amelia Brown		Transaction ID: 60110.E7145 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	Purpose of Disbursement PAY 15-30 NOV Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAY 15-30 NOV

Full Name (Last, First, Middle Initial) B. Amelia Brown		Transaction ID: 60110.E7174 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	Purpose of Disbursement PAY DEC 1-15 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAY DEC 1-15

Full Name (Last, First, Middle Initial) C. Amelia Brown		Transaction ID: 60110.E7177 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 95.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	Purpose of Disbursement TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	2119.33
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)

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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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Amelia Brown		Transaction ID: 60118.E7188 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1070.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	Purpose of Disbursement PAY BONUS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAY BONUS

Full Name (Last, First, Middle Initial) B. Amelia Brown		Transaction ID: 60118.E7189 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 497 Thomson Road		Amount of Each Disbursement this Period 1011.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State GA Zip Code 30673-	Purpose of Disbursement PAY 15-31 DEC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAY 15-31 DEC

Full Name (Last, First, Middle Initial) C. Cafritz Company		Transaction ID: 60110.E7115 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 110 D St.SE		Amount of Each Disbursement this Period 1770.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement LEASE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LEASE

SUBTOTAL of Disbursements This Page (optional) ►

3852.14

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Cafritz Company		Transaction ID: 60110.E7142 Date of Disbursement 11 / 29 / 2005
Mailing Address 110 D St.SE		Amount of Each Disbursement this Period 1770.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEASE Candidate Name	Category/Type	LEASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cafritz Company		Transaction ID: 60110.E7183 Date of Disbursement 12 / 27 / 2005
Mailing Address 110 D St.SE		Amount of Each Disbursement this Period 1770.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEASE Candidate Name	Category/Type	LEASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 60110.E7082 Date of Disbursement 10 / 13 / 2005
Mailing Address 300 First Street South East		Amount of Each Disbursement this Period 2386.44
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT CATERING Candidate Name	Category/Type	EVENT CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5926.44
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 60110.E7097 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 300 First Street South East		Amount of Each Disbursement this Period 1171.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement EVENT CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 60110.E7138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 300 First Street South East		Amount of Each Disbursement this Period 1035.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement EVENT CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING

Full Name (Last, First, Middle Initial) C. Ms. Kelly Carr		Transaction ID: 60110.E7156 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address Turners Keyboards 2358 Washington Road		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30904-	Purpose of Disbursement PIANIST Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PIANIST

SUBTOTAL of Disbursements This Page (optional) ▶	2506.62
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. COMCAST		Transaction ID: 60110.E7083 Date of Disbursement 10 / 13 / 2005
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 105.38
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE Candidate Name	Category/Type	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COMCAST		Transaction ID: 60110.E7079 Date of Disbursement 10 / 13 / 2005
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 95.00
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE Candidate Name	Category/Type	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COMCAST		Transaction ID: 60110.E7128 Date of Disbursement 11 / 29 / 2005
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 237.20
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE Candidate Name	Category/Type	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	437.58
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. COMCAST		Transaction ID: 60110.E7140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 95.00
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE	Candidate Name	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COMCAST		Transaction ID: 60110.E7173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 95.00
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE	Candidate Name	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COMCAST		Transaction ID: 60110.E7172 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 740523		Amount of Each Disbursement this Period 106.73
City Atlanta State GA Zip Code 30374-0523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE	Candidate Name	CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	296.73
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. The Congressional Club		Transaction ID: 60110.E7175 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 2001 New Hampshire Avenue, NW		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DUES
City Washington State DC Zip Code 20009-		
Purpose of Disbursement DUES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Covad Communications		Transaction ID: 60110.E7119 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address Department 33408 P.O. Box 39000		Amount of Each Disbursement this Period 129.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER SERVICE
City San Francisco State CA Zip Code 94139-3408		
Purpose of Disbursement COMPUTER SERVICE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Covad Communications		Transaction ID: 60110.E7151 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address Department 33408 P.O. Box 39000		Amount of Each Disbursement this Period 129.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER SERVICES
City San Francisco State CA Zip Code 94139-3408		
Purpose of Disbursement COMPUTER SERVICES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	458.00
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Covad Communications		Transaction ID: 60110.E7180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address Department 33408 P.O. Box 39000		Amount of Each Disbursement this Period 129.00
City San Francisco State CA Zip Code 94139-3408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SERVICES	Candidate Name	COMPUTER SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Cowles		Transaction ID: 60118.C30924IK Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1011 Deer Run		Amount of Each Disbursement this Period 295.25
City Greensboro State GA Zip Code 30642-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH	Candidate Name	IN KIND: LUNCH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. D. Timms Events		Transaction ID: 60110.E7153 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 302 6th Street		Amount of Each Disbursement this Period 250.00
City Augusta State GA Zip Code 30901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FACILITY	Candidate Name	EVENT FACILITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	674.25
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. D. Timms Events		Transaction ID: 60110.E7155 Date of Disbursement 12 / 13 / 2005
Mailing Address 302 6th Street		Amount of Each Disbursement this Period 659.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30901-	Purpose of Disbursement EVENT FACILITY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT FACILITY

Full Name (Last, First, Middle Initial) B. Federal Express Corporation		Transaction ID: 60110.E7118 Date of Disbursement 10 / 28 / 2005
Mailing Address Box 1140		Amount of Each Disbursement this Period 100.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING

Full Name (Last, First, Middle Initial) C. Federal Express Corporation		Transaction ID: 60110.E7179 Date of Disbursement 12 / 27 / 2005
Mailing Address Box 1140		Amount of Each Disbursement this Period 80.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶	840.89
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Fieldstone Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 670 City Hiawassee State GA Zip Code 30546- Purpose of Disbursement EVENT CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60110.E7117 Date of Disbursement: 10 / 28 / 2005 Amount of Each Disbursement this Period 1472.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING
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B. Franklins Printing Full Name (Last, First, Middle Initial) Mailing Address 3822 Commercial Court Suite A City Martinez State GA Zip Code 30907-0694 Purpose of Disbursement PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60110.E7086 Date of Disbursement: 10 / 13 / 2005 Amount of Each Disbursement this Period 1283.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
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C. Franklins Printing Full Name (Last, First, Middle Initial) Mailing Address 3822 Commercial Court Suite A City Martinez State GA Zip Code 30907-0694 Purpose of Disbursement PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60110.E7146 Date of Disbursement: 11 / 29 / 2005 Amount of Each Disbursement this Period 1233.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
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SUBTOTAL of Disbursements This Page (optional) ▶	3989.58
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Free Enterprise Coalition		Transaction ID: 60110.E7095 Date of Disbursement 11 / 09 / 2005
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1225.00
City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING	Candidate Name	CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Georgia-Carolina Welding Supply		Transaction ID: 60110.E7098 Date of Disbursement 10 / 20 / 2005
Mailing Address PO Box 820		Amount of Each Disbursement this Period 10.38
City Evans State GA Zip Code 30809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HELIUM TANK	Candidate Name	HELIUM TANK
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Georgia-Carolina Welding Supply		Transaction ID: 60110.E7147 Date of Disbursement 11 / 29 / 2005
Mailing Address PO Box 820		Amount of Each Disbursement this Period 10.38
City Evans State GA Zip Code 30809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HELIUM TANK	Candidate Name	HELIUM TANK
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1245.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Georgia-Carolina Welding Supply		Transaction ID: 60110.E7166 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address PO Box 820		Amount of Each Disbursement this Period 10.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evans State GA Zip Code 30809-	Category/Type	
Purpose of Disbursement HELIUM TANK		HELIUM TANK
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Georgia-Carolina Welding Supply		Transaction ID: 60110.E7181 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address PO Box 820		Amount of Each Disbursement this Period 10.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evans State GA Zip Code 30809-	Category/Type	
Purpose of Disbursement HELIUM TANK		HELIUM TANK
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Georgia Dept. of Revenue		Transaction ID: 60110.E7091 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 740387		Amount of Each Disbursement this Period 543.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-	Category/Type	
Purpose of Disbursement TAXES		TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	563.81
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Highland Gardens		Transaction ID: 60110.E7168 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 4405 Canton Highway		Amount of Each Disbursement this Period 1076.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cumming State GA Zip Code 30040-	Category/Type <input type="checkbox"/> AIRFARE	
Purpose of Disbursement AIRFARE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: 60110.E7090 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address Internal Revenue Service Center		Amount of Each Disbursement this Period 2907.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 39901-	Category/Type <input type="checkbox"/> PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Phil Jones Photography		Transaction ID: 60110.E7144 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 2021 Summer Ridge Dr.		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30904-	Category/Type <input type="checkbox"/> PHOTOGRAPHS	
Purpose of Disbursement PHOTOGRAPHS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	4183.82
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Phil Jones Photography		Transaction ID: 60110.E7152 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 2021 Summer Ridge Dr.		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30904-	Purpose of Disbursement PHOTOGRAPHS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHOTOGRAPHS

Full Name (Last, First, Middle Initial) B. La Maison on Telfair		Transaction ID: 60110.E7159 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 404 Telfair Street		Amount of Each Disbursement this Period 5314.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30901-	Purpose of Disbursement CATERING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING

Full Name (Last, First, Middle Initial) C. Morgan, Meredith & Associates		Transaction ID: 60110.E7077 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 2875 Towerview Rd. Suite 1000		Amount of Each Disbursement this Period 3644.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Herndon State VA Zip Code 20171-	Purpose of Disbursement EVENT PLANNING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT PLANNING

SUBTOTAL of Disbursements This Page (optional) ▶	9059.53
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Morgan, Meredith & Associates		Transaction ID: 60110.E7081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 2875 Towerview Rd. Suite 1000		Amount of Each Disbursement this Period 3872.48
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE FOR MAILING	Candidate Name	POSTAGE FOR MAILING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Morgan, Meredith & Associates		Transaction ID: 60110.E7127 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 2875 Towerview Rd. Suite 1000		Amount of Each Disbursement this Period 8316.93
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT PLANNING	Candidate Name	EVENT PLANNING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Morgan, Meredith & Associates		Transaction ID: 60110.E7160 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 2875 Towerview Rd. Suite 1000		Amount of Each Disbursement this Period 3000.00
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT PLANNING	Candidate Name	EVENT PLANNING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15189.41
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Lodriguez Murray		Transaction ID: 60110.E7116 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 3611 Columbine Dr		Amount of Each Disbursement this Period 632.85
City Augusta State GA Zip Code 30906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAY	Candidate Name	PAY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lodriguez Murray		Transaction ID: 60110.E7139 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 3611 Columbine Dr		Amount of Each Disbursement this Period 632.85
City Augusta State GA Zip Code 30906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAY	Candidate Name	PAY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lodriguez Murray		Transaction ID: 60110.E7184 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 3611 Columbine Dr		Amount of Each Disbursement this Period 632.85
City Augusta State GA Zip Code 30906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAY	Candidate Name	PAY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1898.55
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)

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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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. NARCP Committee		Transaction ID: 60110.E7137 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 3101 Wilson Boulevard		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201-	Purpose of Disbursement DUES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DUES

Full Name (Last, First, Middle Initial) B. National Mail Services		Transaction ID: 60110.E7080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 3925 Roberts Rd		Amount of Each Disbursement this Period 4322.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinez State GA Zip Code 30907-2546	Purpose of Disbursement OCT NOTES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OCT NOTES

Full Name (Last, First, Middle Initial) C. National Mail Services		Transaction ID: 60110.E7169 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 3925 Roberts Rd		Amount of Each Disbursement this Period 3176.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinez State GA Zip Code 30907-2546	Purpose of Disbursement DENTAL NOTE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DENTAL NOTE

SUBTOTAL of Disbursements This Page (optional) ▶	7698.53
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. National Mail Services		Transaction ID: 60110.E7185 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 3925 Roberts Rd		Amount of Each Disbursement this Period 1743.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinez State GA Zip Code 30907-2546	Category/Type MAILING	
Purpose of Disbursement MAILING Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Pakmerica		Transaction ID: 60110.E7100 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 3523 Stratford Ct.		Amount of Each Disbursement this Period 621.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinez State GA Zip Code 30907-	Category/Type LEASE	
Purpose of Disbursement LEASE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Pakmerica		Transaction ID: 60110.E7141 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 3523 Stratford Ct.		Amount of Each Disbursement this Period 621.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinez State GA Zip Code 30907-	Category/Type LEASE	
Purpose of Disbursement LEASE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2985.67
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Pakmerica		Transaction ID: 60110.E7182 Date of Disbursement 12 / 27 / 2005
Mailing Address 3523 Stratford Ct.		Amount of Each Disbursement this Period 621.00
City Martinez State GA Zip Code 30907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEASE	Candidate Name	LEASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Phoenix Commercial Printers		Transaction ID: 60110.E7178 Date of Disbursement 12 / 27 / 2005
Mailing Address 1026 Fenwick Street		Amount of Each Disbursement this Period 2922.17
City Augusta State GA Zip Code 30901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rely on Your Beliefs Fund		Transaction ID: 60110.C30891IK Date of Disbursement 12 / 15 / 2005
Mailing Address ROYB Fund 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1328.89
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	IN KIND: TRAVEL EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4872.06
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: 60118.E7200 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 62.24
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK CHARGE	Candidate Name	BANK CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Transaction ID: 60118.E7201 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 15.00
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Transaction ID: 60118.E7202 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 32.04
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	109.28
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)

<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: 60118.E7203 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 38.75
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Transaction ID: 60118.E7204 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 1811.50
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Transaction ID: 60124.E7210 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 4.50
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1854.75
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: 60124.E7211 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 2.44
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Transaction ID: 60124.E7212 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 0.80
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Transaction ID: 60124.E7213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 32.04
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	35.28
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)

<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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: 60124.E7214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 2901 Washington Road		Amount of Each Disbursement this Period 38.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30909-	Purpose of Disbursement BANK FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE

Full Name (Last, First, Middle Initial) B. SunTrust BankCard		Transaction ID: 60110.E7088 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 1339.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Purpose of Disbursement FOOD LODGING PRINTING TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD LODGING PRINTING TRAVEL

Full Name (Last, First, Middle Initial) C. SunTrust BankCard		Transaction ID: 60110.E7134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 726.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Purpose of Disbursement EVENT CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	2103.52
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust BankCard		Transaction ID: 60110.E7133 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 501.30
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL LODGING FOOD	Candidate Name	TRAVEL LODGING FOOD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust BankCard		Transaction ID: 60110.E7132 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 136.40
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING FOOD OFFICE SUPPLIES	Candidate Name	LODGING FOOD OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust BankCard		Transaction ID: 60110.E7163 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 475.43
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD TRAVEL OFFICE SUPPLIES	Candidate Name	FOOD TRAVEL OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1113.13
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. SunTrust BankCard		Transaction ID: 60110.E7161 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 78.85
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD	Candidate Name	FOOD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SunTrust BankCard		Transaction ID: 60110.E7162 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 5.93
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD	Candidate Name	FOOD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SunTrust BankCard		Transaction ID: 60118.E7187 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address Post Office Box 791250		Amount of Each Disbursement this Period 9953.25
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD EVENTS LODGING TRAVEL OFFI	Candidate Name	FOOD EVENTS LODGING TRAVEL OFFI
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10038.03
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Tarrance Group		Transaction ID: 60110.E7099 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 201 N. Union St. STE 410		Amount of Each Disbursement this Period 13207.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	POLLING <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLLING		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. TelCove		Transaction ID: 60110.E7087 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 419 11th Street		Amount of Each Disbursement this Period 262.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30901-2103	TELEPHONE SERVICE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. TelCove		Transaction ID: 60110.E7126 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 419 11th Street		Amount of Each Disbursement this Period 263.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State GA Zip Code 30901-2103	TELEPHONE SERVICE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	13733.85
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. TelCove		Transaction ID: 60110.E7171 Date of Disbursement 12 / 13 / 2005
Mailing Address 419 11th Street		Amount of Each Disbursement this Period 275.65
City Augusta State GA Zip Code 30901-2103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 60110.E7135 Date of Disbursement 11 / 29 / 2005
Mailing Address 607 Ronald Reagan Drive		Amount of Each Disbursement this Period 250.00
City Evans State GA Zip Code 30809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE DUE ACCT	Candidate Name	POSTAGE DUE ACCT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 60110.E7096 Date of Disbursement 10 / 20 / 2005
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 60.19
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	585.84
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 60110.E7125 Date of Disbursement 11 / 09 / 2005
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 81.53
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 60110.E7124 Date of Disbursement 11 / 09 / 2005
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 92.92
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 60110.E7148 Date of Disbursement 11 / 29 / 2005
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 60.82
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	235.27
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)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 60110.E7165 Date of Disbursement 12 / 13 / 2005	
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 112.98	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement PHONE SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 60110.E7164 Date of Disbursement 12 / 13 / 2005	
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 98.26	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement PHONE SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 60110.E7186 Date of Disbursement 12 / 27 / 2005	
Mailing Address P. O. Box 17398		Amount of Each Disbursement this Period 59.47	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement PHONE SERVICE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	270.71
TOTAL This Period (last page this line number only) ▶	105544.73

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

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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name (Last, First, Middle Initial) A. Burns for Congress		Transaction ID: 60110.E7121 Date of Disbursement 10 / 28 / 2005
Mailing Address 2743 Perimeter Parkway Building 200, Suite 130		Amount of Each Disbursement this Period 1000.00
City Augusta State GA Zip Code 30909-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mac Collins For Congress		Transaction ID: 60110.E7076 Date of Disbursement 10 / 13 / 2005
Mailing Address Post Office Box 962		Amount of Each Disbursement this Period 1000.00
City Jackson State GA Zip Code 30233-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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