

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Boyd for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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)).....	147456.52	231148.35
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	147456.52	230148.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56709.02	241916.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	17660.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56709.02	224255.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	352116.29	
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).....	2000.00	

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
Boyd for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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).....

37530.00

52130.00

(ii) Unitemized.....

7871.00

8461.00

(iii) TOTAL of contributions

45401.00

60591.00

from individuals..... ▶

9.57

9.57

(b) Political Party Committees.....

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

102045.95

170547.78

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

147456.52

231148.35

(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

17660.26

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

691.53

1210.76

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

148148.05

250019.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	56709.02	241916.02
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	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS.....	1000.00	27000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	57709.02	269916.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	261677.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	148148.05
25. SUBTOTAL (add Line 23 and Line 24).....	409825.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57709.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	352116.29

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

Name of Candidate		Candidate ID Number		
Allen Boyd		H6FL00046		
Name of Principal Campaign Committee		Committee ID Number		
Boyd for Congress		C C00310607		
Committee Address				
P.O. Box 15703				
City	State	ZIP		
Tallahassee	FL	32317		
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election				
	Primary		General	
1. Gross receipts of authorized committees	240173.42		9845.95	
2. Aggregate amount of contributions from personal funds of the candidate	0.00		0.00	
3. Gross receipts minus the candidate's personal contributions	240173.42		9845.95	

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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
DuBose Ausley

Mailing Address PO Box 391

City Tallahassee State FL Zip Code 32302-0391

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

Name of Employer Ausley & McMullen Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C10931

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Thomas A. Barron

Mailing Address 187 El Destino Road

City Monticello State FL Zip Code 32344-6653

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

Name of Employer Capital City Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

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

Transaction ID: C11005

Amount of Each Receipt this Period
260.00

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

C. Full Name (Last, First, Middle Initial)
Melda Bassett

Mailing Address 3538 NW 18th Place

City Gainesville State FL Zip Code 32605

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

Name of Employer University of Florida Occupation Asst. VP for Development

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

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

Transaction ID: C11048

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1020.00
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 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Dennis Bassford		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 4380 92nd Ave SE		Transaction ID: C10895	
City Mercer Island	State WA	Amount of Each Receipt this Period 1000.00	
Zip Code 98040-4215		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Money Tree	Occupation President		
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. William T. Beggs		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address 301 N Orange St		Transaction ID: C10934	
City Madison	State FL	Amount of Each Receipt this Period 260.00	
Zip Code 32340-2033		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Beggs Funeral Home	Occupation Co-Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Connie Boland		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address PO Box 337		Transaction ID: C10937	
City Wacissa	State FL	Amount of Each Receipt this Period 260.00	
Zip Code 32361-0337		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Home Maker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 510.00		

SUBTOTAL of Receipts This Page (optional) ▶	1520.00
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 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Joseph R. Boyd		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 5231 Pimlico Drive		Transaction ID: C11004
City State Zip Code Tallahassee FL 32309-2404	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Boyd, Lindsey & Sliger	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Charles M. Brain		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 6528 Ivy Hill Drive		Transaction ID: C10923
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Capitol Hill Strategies, LLC	Occupation Legislative Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Reginald L. Brown		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 2576 Westminster Ter		Transaction ID: C11071
City State Zip Code Oviedo FL 32765-7505	Amount of Each Receipt this Period 560.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Florida Tomato Exchange	Occupation Executive Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) ▶	1320.00
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 / 86
	<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)
Boyd for Congress

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

Mailing Address PO Box 9

City Panacea State FL Zip Code 32346-0009

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

Name of Employer Fortune Group Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2005

Transaction ID: C11061

Amount of Each Receipt this Period
260.00

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

B. Full Name (Last, First, Middle Initial)
Dean Buntrock

Mailing Address 1 Tower Ln
Oakbrook Terrace Tower

City Oakbrook Terrace State IL Zip Code 60181-4636

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

Name of Employer none Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2005

Transaction ID: C8590

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Theodore M. Burt

Mailing Address PO Box 919

City Trenton State FL Zip Code 32693-0919

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

Name of Employer Theodore M. Burt, P.A. Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2005

Transaction ID: C3887

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2520.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
J. David Carlin

Mailing Address 642 C St NE

City Washington State DC Zip Code 20002-6002

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

Name of Employer Akin Gump Strauss Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: C10756

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address PO Box 401

City Monticello State FL Zip Code 32345-0401

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2005

Transaction ID: C10908

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Tim L. Crosby

Mailing Address 12491 Talloaks Road

City Pavo State GA Zip Code 31778

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

Name of Employer Self Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C10956

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional) ► 1760.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. A. Dano Davis		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2005	
Mailing Address P. O. Box 19366		Transaction ID: C11022	
City State Zip Code Jacksonville FL 32245-9366		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dano Davis, Inc.	Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. James S. Davis, Jr., DDS		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address 3330 Capital Oaks Drive		Transaction ID: C10958	
City State Zip Code Tallahassee FL 32308		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Oral Surgeon		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Juan Delgado		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2005	
Mailing Address 7380 MW 77 Court		Transaction ID: C10902	
City State Zip Code Miami FL 33166		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Delant Construction	Occupation General Contractor		
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) ▶	2010.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Remedios Diaz-Oliver

Mailing Address MOVED-10000 SW 30th St

City Miami State FL Zip Code 33165-2909

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

Name of Employer All American Containers Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2005

Transaction ID: C10904

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2812 S Columbus St # 3416

City Arlington State VA Zip Code 22206-1411

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

Name of Employer Adams & Reese, LLP Occupation Legislative Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C10924

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Howell L. Ferguson

Mailing Address PO Box 150

City Tallahassee State FL Zip Code 32302-0150

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

Name of Employer Lykes Brothers Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2005

Transaction ID: C11058

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Roy W. Floyd

Mailing Address 1829 NW Jersey Road

City State Zip Code
Greenville FL 32331

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2005

Transaction ID: C11059

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 8937 Locherbie Ct

City State Zip Code
Dublin OH 43017-7610

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

Name of Employer Buckeye Check Cashing Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2005

Transaction ID: C10893

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 900 26th PI S

City State Zip Code
Arlington VA 22202-2412

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

Name of Employer Madison Associates, LLC Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2005

Transaction ID: C9629

Amount of Each Receipt this Period
-250.00

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

ITEMIZE: Account Closed

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. J. Michael Hall		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2005
Mailing Address 900 26th PI S		Transaction ID: C9630
City Arlington	State VA	Zip Code 22202-2412
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Madison Associates, LLC	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Wesley Hansen		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2005
Mailing Address PO Box 446		Transaction ID: C11090
City Labelle	State FL	Zip Code 33975-0446
Amount of Each Receipt this Period 260.00		Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Self	Occupation Farmer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Robert C. Harmala		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2005
Mailing Address 406 Third Street SE		Transaction ID: C10897
City Washington	State DC	Zip Code 20003
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Venable	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1010.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. D. Vance Hiers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5	
Mailing Address 250 Pidcock Road		Transaction ID: C11013	
City State Zip Code Dixie GA 31629-9718	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation United Irrigation & Supply Owner	Election Cycle-to-Date 260.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. John M. Himmelberg		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5	
Mailing Address 28 Eton Overlook		Transaction ID: C10947	
City State Zip Code Rockville MD 20850-3004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation O'Connor & Hannan, L.L.P. Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Neil Hoff		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5	
Mailing Address 2205 Hoff Rd		Transaction ID: C10898	
City State Zip Code Windthorst TX 76389-3104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self Dairy Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1260.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Jose M. Infante

Mailing Address 9789 NW 45th Ln

City Doral State FL Zip Code 33178-3369

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

Name of Employer So. Florida Maintenance Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2005

Transaction ID: C10905

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Joel Jankowsky

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

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

Name of Employer Akin Gump Strauss Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: C10919

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 4706 49th St NW

City Washington State DC Zip Code 20016-4323

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

Name of Employer Akin Gump Strauss Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: C10917

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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:	PAGE 17 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Boyd for Congress

A. Full Name (Last, First, Middle Initial) George Johnson Mailing Address PO Box 3524 City State Zip Code Spartanburg SC 29304-3524 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5 Transaction ID: C8592 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Extended Stay America Occupation CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Louis E. Larson, Jr. Mailing Address 10000 US Highway 98 N City State Zip Code Okeechobee FL 34972-2703 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5 Transaction ID: C11011 Amount of Each Receipt this Period 260.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Larson Operations Occupation Dairy Farmer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) Dale R. Lauer Mailing Address 3801 Bobbin Brook Circle City State Zip Code Tallahassee FL 32312-1219 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 5 Transaction ID: C11024 Amount of Each Receipt this Period 260.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Capital Insurance Agency Occupation Insurance Agent Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	2520.00
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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Claire Mallory

Mailing Address 7231 Sale Blvd

City State Zip Code
Southport FL 32409

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

Name of Employer none Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

260.00

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

Transaction ID: C10941

Amount of Each Receipt this Period
260.00

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

B. Full Name (Last, First, Middle Initial)
Raul P. Masvidal

Mailing Address 201 Alhambra Cir
STE 1401

City State Zip Code
Coral Gables FL 33134-5108

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

Name of Employer Masvidal Partners, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: C10906

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Fount May, Jr.

Mailing Address 835 Attapulugus Hwy

City State Zip Code
Mount Pleasant FL 32352-6944

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

Name of Employer May Nursery Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

260.00

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

Transaction ID: C11086

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional) ► **2520.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
George W. Miller

Mailing Address 240 W Washington St

City Monticello State FL Zip Code 32344-1442

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

Name of Employer Self Occupation Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
06 / 28 / 2005

Transaction ID: C10998

Amount of Each Receipt this Period
260.00

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

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

Mailing Address 1212 W Beach Dr

City Panama City State FL Zip Code 32401-2117

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

Name of Employer none Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
06 / 28 / 2005

Transaction ID: C11018

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jarret Oeltjen

Mailing Address 6054 Miller Landing Cove

City Tallahassee State FL Zip Code 32312-9071

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

Name of Employer none Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
06 / 28 / 2005

Transaction ID: C11007

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional) ► 1020.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial) Harold F. Peek, Jr. Mailing Address 231 Dominica Cir S City Niceville State FL Zip Code 32578-4088 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>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: C11053 Amount of Each Receipt this Period <table border="1"> <tr> <td>560.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	5	560.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	0		2	0	0	5														
560.00																							
Name of Employer Self Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>560.00</td> </tr> </table>		560.00																					
560.00																							

B. Full Name (Last, First, Middle Initial) Louie Perry Mailing Address 16 10th St NE City Washington State DC Zip Code 20002-6210 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>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: C1337 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	3		2	0	0	5														
1000.00																							
Name of Employer Cornerstone Gov't Affairs Occupation Vice President 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) Katherine Pforte Mailing Address 2958 Heritage Rd P.O. Box 835 City Marianna State FL Zip Code 32448-3628 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>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: C11097 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	5														
300.00																							
Name of Employer Self Occupation Real Estate Investor 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>300.00</td> </tr> </table>		300.00																					
300.00																							

SUBTOTAL of Receipts This Page (optional)	1860.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Alan C. Pierce		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 152		Transaction ID: C10948
City Apalachicola	State FL	Zip Code 32329-0152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Franklin County	Occupation County Planner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Gregory Presser		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 706 Bunkers Cove Rd		Transaction ID: C11045
City Panama City	State FL	Zip Code 32401-3920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Bay Radiology Associates	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Victor Pujals		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address 1915 Brickell Ave, C-401		Transaction ID: C10903
City Miami	State FL	Zip Code 33129-1779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CDM	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	820.00
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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Walter S. Rayborn

Mailing Address 3042 Lakeshore Drive

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
None Retired

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

260.00

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

Transaction ID: C10933

Amount of Each Receipt this Period
260.00

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

B. Full Name (Last, First, Middle Initial)
Nathaniel Roberts

Mailing Address 266 Granada Rd

City State Zip Code
West Palm Beach FL 33401-8018

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

Name of Employer Occupation
Callery Judge Groves Citrus Grower

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

500.00

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

Transaction ID: C10959

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jerry Lee Robinson

Mailing Address 506 Tuxedo Ln

City State Zip Code
Peachtree City GA 30269-4070

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

Name of Employer Occupation
Compu Credit Executive

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

2000.00

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

Transaction ID: C10894

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	2760.00
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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Ruben Roca

Mailing Address 201 Alhambra Cir, #1401

City State Zip Code
Coral Gables FL 33134-5108

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

Name of Employer Self Occupation Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2005

Transaction ID: C10901

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Steven R. Ross

Mailing Address 1333 New Hampshire Ave NW, #400

City State Zip Code
Washington DC 20036-1532

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

Name of Employer Akin Gump Strauss et. al. Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: C10918

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1626 Eagles Watch Way

City State Zip Code
Tallahassee FL 32312-4063

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

Name of Employer Self Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2005

Transaction ID: C9465

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional) ► **1760.00**

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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Leslie E. Scales

Mailing Address P. O. Box 247

City State Zip Code
Weirsdale FL 32195

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

Name of Employer Self Occupation Retail

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

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

Transaction ID: C10996

Amount of Each Receipt this Period
260.00

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

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

Mailing Address PO Box 1021

City State Zip Code
Sebring FL 33871-1021

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

Name of Employer The Great Fruit Co. Occupation Citrus Grower

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

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

Transaction ID: C11052

Amount of Each Receipt this Period
260.00

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

C. Full Name (Last, First, Middle Initial)
Kyle Story

Mailing Address PO Box 851

City State Zip Code
Babson Park FL 33827-0851

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

Name of Employer Story Grove Occupation Citrus Grower

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

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

Transaction ID: C11076

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	780.00
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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Victor B. Story, Jr.

Mailing Address 1048 Old Cutler Road

City State Zip Code
Lake Wales FL 33898

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

Name of Employer Occupation
Story Grove Citrus Grower

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

260.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2005

Transaction ID: C11038

Amount of Each Receipt this Period
260.00

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

B. Full Name (Last, First, Middle Initial)
Alexander D. Stoyen

Mailing Address 12152 Windsor Hall Way

City State Zip Code
Herndon VA 20170-2359

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

Name of Employer Occupation
21st Century Systems Inc. CEO

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

1500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: C10914

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Alexander D. Stoyen

Mailing Address 12152 Windsor Hall Way

City State Zip Code
Herndon VA 20170-2359

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

Name of Employer Occupation
21st Century Systems Inc. CEO

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

1500.00

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

Transaction ID: C10915

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1760.00**

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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Jorge M. Tercilla

Mailing Address 11722 SW 100th Ave

City State Zip Code
Miami FL 33176-4176

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

Name of Employer Occupation
Masvidal Partners, Inc. Project 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
0 5 / 0 2 / 2 0 0 5

Transaction ID: C10900

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1333 New Hampshire Ave NW

City State Zip Code
Washington DC 20036-1500

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

Name of Employer Occupation
Akin Gump Strauss Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: C10920

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 10051 Buck Point Road

City State Zip Code
Tallahassee FL 32312-3737

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

Name of Employer Occupation
FL Institute of CPA's COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

260.00

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

Transaction ID: C10945

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	1010.00
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 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Theodore Thomas, Jr.

Mailing Address 1469 Vieux Carre Dr

City State Zip Code
Tallahassee FL 32308-7730

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

Name of Employer Occupation
Thomas Appraisal Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2005

Transaction ID: C11031

Amount of Each Receipt this Period
260.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey Trammell

Mailing Address 1519 Kingman Pl NW

City State Zip Code
Washington DC 20005-3708

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

Name of Employer Occupation
Trammell & Company Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2005

Transaction ID: C2302

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
David P. Warriner

Mailing Address PO Box 280

City State Zip Code
Port Saint Joe FL 32457-0280

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

Name of Employer Occupation
Self Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2005

Transaction ID: C2322

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1020.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 86
	<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)
Boyd for Congress

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

Mailing Address 184 Mills Ave

City State Zip Code
Spartanburg SC 29302-1940

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

Name of Employer Occupation
Advance America Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8627

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rick Wessel

Mailing Address 4003 Fair Hill Ct

City State Zip Code
Colleyville TX 76034-4127

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

Name of Employer Occupation
Fast Cash Chief Financial Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8584

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Thomas W. Wilder, III

Mailing Address P.O. Drawer 677

City State Zip Code
Graceville FL 32440

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

Name of Employer Occupation
Bank of Jackson County Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

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

Transaction ID: C11047

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	2260.00
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 29 / 86
	(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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
James D Williams, Jr.

Mailing Address 10592 122nd St

City State Zip Code
Live Oak FL 32060-6948

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

Name of Employer Occupation
Tri-County Irrigation, Inc Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2005

Transaction ID: C4727

Amount of Each Receipt this Period
260.00

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

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

Mailing Address 3740 Bobbin Brk W

City State Zip Code
Tallahassee FL 32312-1242

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

Name of Employer Occupation
none Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2005

Transaction ID: C11025

Amount of Each Receipt this Period
260.00

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

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	37530.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP.		Date of Receipt 06 / 03 / 2005
Mailing Address 4301 Wilson Boulevard		Transaction ID: C1682
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C C00002972		Amount of Each Receipt this Period 595.95
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5595.95	

Full Name (Last, First, Middle Initial) B. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP.		Date of Receipt 06 / 03 / 2005
Mailing Address 4301 Wilson Boulevard		Transaction ID: C1681
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C C00002972		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5595.95	

Full Name (Last, First, Middle Initial) C. AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION COMMITTEE		Date of Receipt 06 / 03 / 2005
Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400		Transaction ID: C9620
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00104901		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 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)	6095.95
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 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2005
Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800		Transaction ID: C6335
City State Zip Code WASHINGTON DC 20001	FEC ID number of contributing federal political committee. C C00172833	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2005
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: C5186
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2005
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: C5187
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 3000.00	

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 32 / 86
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial)
A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C10929

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

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
0 6 / 0 3 / 2 0 0 5

Transaction ID: C9204

Amount of Each Receipt this Period
1500.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00382424

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
0 6 / 0 3 / 2 0 0 5

Transaction ID: C10061

Amount of Each Receipt this Period
1500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 25 / 2005
Mailing Address 101 NORTH THIRD STREET		Transaction ID: C5388
City State Zip Code MOORHEAD MN 56560	FEC ID number of contributing federal political committee. C C00110338	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 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 DENTAL POLITICAL ACTION CMTE.		Date of Receipt MM / DD / YYYY 04 / 13 / 2005
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: C4083
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00000729	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. AMERICAN DENTAL POLITICAL ACTION CMTE.		Date of Receipt MM / DD / YYYY 05 / 23 / 2005
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: C4084
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00000729	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

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 34 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 80 F Street NW		Transaction ID: C6061
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00009936	<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	

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 325 Seventh Street NW Suite 700		Transaction ID: C1704
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00106146	<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) C. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 5
Mailing Address 2 West Dixie Highway		Transaction ID: C9609
City Dania Beach State FL Zip Code 33004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00027532	<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: (check only one)	PAGE 35 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2005
Mailing Address 1505 PRINCE STREET SUITE 300		Transaction ID: C1652
City State Zip Code ALEXANDRIA VA 22314	FEC ID number of contributing federal political committee. C C00024968	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2005
Mailing Address 1090 Vermont Ave. NW Suite 510		Transaction ID: C3448
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00113803	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2005
Mailing Address 1090 Vermont Ave. NW Suite 510		Transaction ID: C3449
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00113803	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 36 / 86
	(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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 9312 OLD GEORGETOWN ROAD		Transaction ID: C2098
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee. C C00008839		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address 520 N. NORTHWEST HIGHWAY		Transaction ID: C10775
City	State	Zip Code
PARK RIDGE	IL	60068
FEC ID number of contributing federal political committee. C C00255752		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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. AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address P. O. Drawer 938		Transaction ID: C3285
City	State	Zip Code
Thibodaux	LA	70302
FEC ID number of contributing federal political committee. C C00081414		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 86			
	(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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 1156 15TH ST NW SUITE 1101		Transaction ID: C6818
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00167684		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 499 South Capitol Street SW Suite 108		Transaction ID: C4560
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00271338		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. CALLAHAN FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 9699		Transaction ID: C10899
City Mobile	State AL	Zip Code 36691
FEC ID number of contributing federal political committee. C C00176560		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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 38 / 86
	(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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. CARGILL, INCORPORATED, POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2005
Mailing Address PO BOX 9300 MS 5 DEPARTMENT 5		Transaction ID: C4499
City MINNEAPOLIS State MN Zip Code 55440	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00067884		<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. CASH AMERICA INTERNATIONAL INC PAC (CASH AMERICA PAC)		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2005
Mailing Address 1600 WEST 7TH STREET SUITE 812		Transaction ID: C7809
City FORT WORTH State TX Zip Code 76102	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00275529		<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) C. COCA-COLA ENTERPRISES INC EMPLOYEE NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2005
Mailing Address 2500 WINDY RIDGE PARKWAY		Transaction ID: C644
City ATLANTA State GA Zip Code 30339	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00250134		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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 39 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I Street NW
Suite 590

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2005

Transaction ID: C4157

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GROWERS INC

Mailing Address 75 Elliott Rd. Suite 1210
Suite 110

City State Zip Code
Dawsonville GA 30534

FEC ID number of contributing federal political committee. **C** C00300426

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
05 / 25 / 2005

Transaction ID: C6101

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW
Suite 750

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

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
04 / 13 / 2005

Transaction ID: C7013

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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 40 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)		Date of Receipt
Mailing Address P O BOX 909700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 5
City State Zip Code KANSAS CITY MO 64190		Transaction ID: C6156
FEC ID number of contributing federal political committee. C C00001388		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)		Date of Receipt
Mailing Address P O BOX 909700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 5
City State Zip Code KANSAS CITY MO 64190		Transaction ID: C6157
FEC ID number of contributing federal political committee. C C00001388		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 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) C. ELECT-THE POLITICAL ACTION COMMITTEE OF THE ALABAMA FARMERS FEDERATION		Date of Receipt
Mailing Address P. O. Box 11023		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 0 / 2 0 0 5
City State Zip Code Montgomery AL 36191		Transaction ID: C1226
FEC ID number of contributing federal political committee. C C00094573		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 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)	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 41 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

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
04 / 28 / 2005

Transaction ID: C5460

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FKA AMERICAN HEALTH SYSTEMS PAC)

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00002261

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
06 / 17 / 2005

Transaction ID: C8479

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Florida Citrus Mutual PAC

Mailing Address PO Box 89
Mr. Andrew W. LaVigne

City State Zip Code
Lakeland FL 33802-0089

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
06 / 03 / 2005

Transaction ID: C7177

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
FLORIDA CRYSTALS INC PAC

Mailing Address 1420 New York Avenue NW
Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00296624

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C2415

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
FLORIDA FRUIT & VEGETABLE ASS'N POLITICAL ACTION COMMITTEE FFVA-PAC

Mailing Address 4401 EAST COLONIAL DRIVE

City State Zip Code
ORLANDO FL 32803

FEC ID number of contributing federal political committee. **C** C00232967

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
 0 6 / 0 3 / 2 0 0 5

Transaction ID: C4372

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 Pennsylvania Ave. NW
Suite 401

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00012328

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
 0 5 / 2 5 / 2 0 0 5

Transaction ID: C5320

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 43 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Food Marketing Institute PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 655 15th St NW Ste 700		Transaction ID: C5335
City Washington State DC Zip Code 20005-5701	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	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. FRESH POLITICAL ACTION COMMITTEE (FRESH PAC)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 1901 Pennsylvania Avenue NW Suite 1100		Transaction ID: C10916
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00040725		<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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 3190 Fairview Park Drive		Transaction ID: C5454
City Falls Church State VA Zip Code 22042	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00078451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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 44 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
G-P EMPLOYEES FUND OF GEORGIA-PACIFIC CORPORATION

Mailing Address 1120 G STREET NW SUITE 1050

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 13 / 2005

Transaction ID: C417

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 4800 FASHION SQUARE BLVD #485 PLAZA NORTH

City SAGINAW State MI Zip Code 48604

FEC ID number of contributing federal political committee. **C** C00168542

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
 05 / 25 / 2005

Transaction ID: C10910

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 4800 FASHION SQUARE BLVD #485 PLAZA NORTH

City SAGINAW State MI Zip Code 48604

FEC ID number of contributing federal political committee. **C** C00168542

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
 06 / 03 / 2005

Transaction ID: C10911

Amount of Each Receipt this Period
 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC INC

Mailing Address 6830 RALEIGH - LAGRANGE ROAD

City State Zip Code
MEMPHIS TN 38134

FEC ID number of contributing federal political committee. **C** C00396671

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
0 4 / 2 8 / 2 0 0 5

Transaction ID: C7000

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Health Savings Acct. Political Comm.

Mailing Address 1090 Vermont Ave NW
Ste 1290

City State Zip Code
Washington DC 20005-4963

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
0 6 / 1 0 / 2 0 0 5

Transaction ID: C10639

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Hospital Corporation of America

Mailing Address 101 N Monroe St
Ste 801

City State Zip Code
Tallahassee FL 32301-1500

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
0 4 / 1 3 / 2 0 0 5

Transaction ID: C9048

Amount of Each Receipt this Period
2500.00

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 46 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address One Thomas Circle NW Suite 400		Transaction ID: C170
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00032698		<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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. INDOOR TANNING ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 6620 Fletcher Lane		Transaction ID: C10921
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00362020		<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. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address 1750 NEW YORK NW		Transaction ID: C296
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C70003108		<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) ▶	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 47 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial)
A. INTERNATIONAL COUNCIL OF CRUISE LINES POLITICAL ACTION COMM (ICCL-PAC)

Mailing Address 2111 Wilson Boulevard 8th Floor

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00303073

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
0	4	/	1	3	/	2	0	0	5

Transaction ID: C9117

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17 STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70001037

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
0	5	/	2	5	/	2	0	0	5

Transaction ID: C5747

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

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
0	6	/	1	0	/	2	0	0	5

Transaction ID: C10922

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005
Mailing Address 655 15th Street NW Suite 445		Transaction ID: C6295
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00236489		<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. KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005
Mailing Address PO BOX 18254		Transaction ID: C7372
City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00280222		<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. LOCKHEED MARTIN EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2005
Mailing Address 1725 Jefferson Davis Highway Suite 300		Transaction ID: C10997
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00303024		<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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
MCDERMOTT, WILL & EMERY PAC (MW&E PAC)

Mailing Address 600 13TH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00299701

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
 0 6 / 0 3 / 2 0 0 5

Transaction ID: C6752

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Minn-Dak Farmers Cooperative PAC

Mailing Address 1156 15th St NW
STE 1019

City Washington State DC Zip Code 20005-1754

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
 0 6 / 0 3 / 2 0 0 5

Transaction ID: C10645

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City CENTENNIAL State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00028787

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
 0 5 / 2 5 / 2 0 0 5

Transaction ID: C3947

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 1015 FIFTEENTH STREET NW		Transaction ID: C11077
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00034272	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 1200 17TH STREET N.W.		Transaction ID: C11089
City WASHINGTON State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003764	<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	

Full Name (Last, First, Middle Initial) C. NATIONAL RETAIL FEDERATION RETAILPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 325 SEVENTH STREET NW SUITE 1000		Transaction ID: C6520
City WASHINGTON State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040329	<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 ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 86
	<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION (INSTITUTE FOR LEGISLATIVE ACTION)

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C70000716

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4950.00

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

Transaction ID: C5375

Amount of Each Receipt this Period
2450.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET 4TH FLOOR

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

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
0 6 / 1 0 / 2 0 0 5

Transaction ID: C4316

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Turkey Federation PAC

Mailing Address 1225 New York Ave NW
Ste 400

City State Zip Code
Washington DC 20005-6404

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
0 4 / 1 3 / 2 0 0 5

Transaction ID: C9663

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 140 HOLLYWOOD BOULEVARD SW PO BOX 1151		Transaction ID: C3409
City FORT WALTON BEACH State FL Zip Code 32548	FEC ID number of contributing federal political committee. C C00120519	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 140 HOLLYWOOD BOULEVARD SW PO BOX 1151		Transaction ID: C3410
City FORT WALTON BEACH State FL Zip Code 32548	FEC ID number of contributing federal political committee. C C00120519	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 11600 SALLIE MAE DRIVE		Transaction ID: C6687
City RESTON State VA Zip Code 20193	FEC ID number of contributing federal political committee. C C00331835	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	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 53 / 86
	<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005
Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER		Transaction ID: C10136
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00216127	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Southern Minnesota Sugar Coop. PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2005
Mailing Address PO Box 500 Mr. David Bieging		Transaction ID: C6537
City Renville State MN Zip Code 56284-0500	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Southern Minnesota Sugar Coop. PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2005
Mailing Address PO Box 500 Mr. David Bieging		Transaction ID: C6538
City Renville State MN Zip Code 56284-0500	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 86
	(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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Sycuan Band

Mailing Address The Kumeyaay Nation
5459 Dehesa Road

City El Cajon State CA Zip Code 92019

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
MM / DD / YYYY
06 / 10 / 2005

Transaction ID: C10925

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
UBS AMERICAS FUND FOR BETTER GOVERNMENT

Mailing Address 1285 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2005

Transaction ID: C10896

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
UNITED EGG ASSOCIATION POLITICAL ACTION COMMITTEE (EGGPAC)

Mailing Address 1303 HIGHTOWER TRAIL - SUITE 200

City ATLANTA State GA Zip Code 30350

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: C6203

Amount of Each Receipt this Period
1000.00

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

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 55 / 86
	(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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WEST 49TH STREET

City HIALEAH State FL Zip Code 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C10112

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS PAC

Mailing Address 100 West Putnam Avenue

City Greenwich State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C** C00104851

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
0 4 / 2 8 / 2 0 0 5

Transaction ID: C1205

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address PO Box 70002
Mr. Rob Harmala

City Washington State DC Zip Code 20024-0002

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
0 4 / 1 3 / 2 0 0 5

Transaction ID: C10649

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 86
	(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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
WIN-PAC OF WINN-DIXIE STORES INC.

Mailing Address 5050 Edgewood Court

City State Zip Code
Jacksonville FL 32254

FEC ID number of contributing federal political committee. **C** C00033092

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
06 / 10 / 2005

Transaction ID: C85

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)

Mailing Address 1201 F Street NW
ZURICH TOWERS (T1-20)

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00235036

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
06 / 03 / 2005

Transaction ID: C6935

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	102045.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 86
	(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"/> 14	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) Capital City Bank Mailing Address PO Box 900 City State Zip Code Tallahassee FL 32302-0900		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5 Transaction ID: C1880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 207.13
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1210.76	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) Capital City Bank Mailing Address PO Box 900 City State Zip Code Tallahassee FL 32302-0900		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5 Transaction ID: C1881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.99
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1210.76	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) Capital City Bank Mailing Address PO Box 900 City State Zip Code Tallahassee FL 32302-0900		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5 Transaction ID: C11093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 235.94
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1210.76	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	446.06
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 58 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address PO Box 900		Transaction ID: C11095	
City Tallahassee	State FL	Amount of Each Receipt this Period 2.89	
Zip Code 32302-0900		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1210.76	

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address PO Box 900		Transaction ID: C11094	
City Tallahassee	State FL	Amount of Each Receipt this Period 236.18	
Zip Code 32302-0900		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1210.76	

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address PO Box 900		Transaction ID: C11096	
City Tallahassee	State FL	Amount of Each Receipt this Period 6.40	
Zip Code 32302-0900		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1210.76	

SUBTOTAL of Receipts This Page (optional) ▶	245.47
TOTAL This Period (last page this line number only) ▶	691.53

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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial) 21st Century Group		Transaction ID: D3852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 434 New Jersey Avenue SE		Amount of Each Disbursement this Period 1500.00
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 Fundraising Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Alltel		Transaction ID: D3891 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address PO Box 96019		Amount of Each Disbursement this Period 118.29
City Charlotte State NC Zip Code 28296-0019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Bill- Campaign Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Alltel		Transaction ID: D3889 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address PO Box 96019		Amount of Each Disbursement this Period 379.92
City Charlotte State NC Zip Code 28296-0019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Bill- Campaign Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1998.21
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 86

<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)
Boyd for Congress

A. Betsy Barfield Full Name (Last, First, Middle Initial) Mailing Address 387 De Sercey City Monticello State FL Zip Code 32344 Purpose of Disbursement Mileage & Office Supplies 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) ▼		Transaction ID: D3879 Date of Disbursement 06 / 06 / 2005 Amount of Each Disbursement this Period 1217.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Baughman Co. Full Name (Last, First, Middle Initial) Mailing Address 3106 Fillmore St FI 2 City San Francisco State CA Zip Code 94123-3417 Purpose of Disbursement Printing 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) ▼		Transaction ID: D3884 Date of Disbursement 06 / 14 / 2005 Amount of Each Disbursement this Period 309.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. F. Allen Boyd, Jr. Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 15703 City Tallahassee State FL Zip Code 32317-5703 Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D332 Date of Disbursement 04 / 15 / 2005 Amount of Each Disbursement this Period 607.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2134.06
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)
Boyd for Congress

A. Budget Storage Full Name (Last, First, Middle Initial) Mailing Address 2816 Joel Brown Drive City Tallahassee State FL Zip Code 32301-3584 Purpose of Disbursement July, August, Sept. Storage 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) ▼		Transaction ID: D3878 Date of Disbursement 06 / 06 / 2005 Amount of Each Disbursement this Period 202.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Capital City Bank Full Name (Last, First, Middle Initial) Mailing Address PO Box 900 City Tallahassee State FL Zip Code 32302-0900 Purpose of Disbursement Returned Check- Account Closed 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) ▼		Transaction ID: D881 Date of Disbursement 04 / 08 / 2005 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Capital City Bank Full Name (Last, First, Middle Initial) Mailing Address PO Box 900 City Tallahassee State FL Zip Code 32302-0900 Purpose of Disbursement Credit Card Processing Fee 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) ▼		Transaction ID: D884 Date of Disbursement 04 / 12 / 2005 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	237.57
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Capital City Bank		Transaction ID: D3839 Date of Disbursement 05 / 11 / 2005
Mailing Address PO Box 900		Amount of Each Disbursement this Period 30.00
City Tallahassee	State FL Zip Code 32302-0900	
Purpose of Disbursement Credit Card Processing Fee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Capital City Bank		Transaction ID: D3840 Date of Disbursement 06 / 14 / 2005
Mailing Address PO Box 900		Amount of Each Disbursement this Period 30.00
City Tallahassee	State FL Zip Code 32302-0900	
Purpose of Disbursement Credit Card Processing Fee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D1546 Date of Disbursement 04 / 14 / 2005
Mailing Address 3760 Hartsfield Road		Amount of Each Disbursement this Period 52.99
City Tallahassee	State FL Zip Code 32303-1121	
Purpose of Disbursement Cable Service		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	112.99
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)
Boyd for Congress

A. Comcast Full Name (Last, First, Middle Initial) Mailing Address 3760 Hartsfield Road City Tallahassee State FL Zip Code 32303-1121 Purpose of Disbursement Cable Service 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) ▼		Transaction ID: D3856 Date of Disbursement 05 / 23 / 2005 Amount of Each Disbursement this Period 52.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Comcast Full Name (Last, First, Middle Initial) Mailing Address 3760 Hartsfield Road City Tallahassee State FL Zip Code 32303-1121 Purpose of Disbursement Cable Service 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) ▼		Transaction ID: D3877 Date of Disbursement 06 / 06 / 2005 Amount of Each Disbursement this Period 52.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Cooper & Secret Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 228 S Washington St STE 330 City Alexandria State VA Zip Code 22314-5404 Purpose of Disbursement Shipping 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) ▼		Transaction ID: D941 Date of Disbursement 04 / 06 / 2005 Amount of Each Disbursement this Period 97.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	203.88
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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. CopySmith Printing & Copying		Transaction ID: D3886 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 5
Mailing Address 1180 Apalachee Pkwy		Amount of Each Disbursement this Period 744.80
City Tallahassee State FL Zip Code 32301-4590	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Creative Stitches		Transaction ID: D3853 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 180 S Cherry St		Amount of Each Disbursement this Period 529.65
City Monticello State FL Zip Code 32344-1929	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carmen Cummings		Transaction ID: D3855 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address 6738 Donerail Trail		Amount of Each Disbursement this Period 236.08
City Tallahassee State FL Zip Code 32309-1602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage & Meal Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1510.53
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)

PAGE 65 / 86

<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Davey Consulting		Transaction ID: D3854 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3549.00
City Fairfax Station	State VA Zip Code 22039-3216	
Purpose of Disbursement Retainer & Phone		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Davey Consulting		Transaction ID: D3874 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3545.95
City Fairfax Station	State VA Zip Code 22039-3216	
Purpose of Disbursement Retainer & Phone		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Davey Consulting		Transaction ID: D3916 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3545.95
City Fairfax Station	State VA Zip Code 22039-3216	
Purpose of Disbursement Retainer & Phone		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	10640.90
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: D3921 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 9.57
City Washington State DC Zip Code 20003-4024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Services Candidate Name	Category/Type	* in-kind received
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. Federal Express		Transaction ID: D3863 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 181.21
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Expense Candidate Name	Category/Type	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D3876 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 5
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 54.44
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Expense Candidate Name	Category/Type	* in-kind received
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) ▶	245.22
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)
Boyd for Congress

A. Elizabeth Greer Full Name (Last, First, Middle Initial) Mailing Address 1830 Corcoran St NW City Washington State DC Zip Code 20009-1608 Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3881 Date of Disbursement 06 / 15 / 2005 Amount of Each Disbursement this Period 244.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Messer Caparello and Self Full Name (Last, First, Middle Initial) Mailing Address 215 S Monroe St PO Box 1876 City Tallahassee State FL Zip Code 32301-1839 Purpose of Disbursement Legal Services 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) ▼		Transaction ID: D3882 Date of Disbursement 06 / 15 / 2005 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. NAACP Full Name (Last, First, Middle Initial) Mailing Address 419 E Jefferson St City Tallahassee State FL Zip Code 32301-1817 Purpose of Disbursement Table Sponsor 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) ▼		Transaction ID: D3873 Date of Disbursement 05 / 11 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	5494.11
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)
Boyd for Congress

A. Summit East Full Name (Last, First, Middle Initial) Summit East Mailing Address 1700 Summit Lake Drive City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Office Rent 04/05-05/05 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) ▼		Transaction ID: D3862 Date of Disbursement 05 / 23 / 2005 Amount of Each Disbursement this Period 1430.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Summit East Full Name (Last, First, Middle Initial) Summit East Mailing Address 1700 Summit Lake Drive City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Office Rent 06/05 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) ▼		Transaction ID: D3880 Date of Disbursement 06 / 10 / 2005 Amount of Each Disbursement this Period 715.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. The National Democratic Club Full Name (Last, First, Middle Initial) The National Democratic Club Mailing Address 30 Ivy Street SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Meals 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) ▼		Transaction ID: D459 Date of Disbursement 04 / 20 / 2005 Amount of Each Disbursement this Period 109.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2254.55
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)

<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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. The National Democratic Club		Transaction ID: D3883 Date of Disbursement 06 / 15 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 227.64
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Meals	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Valarie Watson		Transaction ID: D3844 Date of Disbursement 04 / 25 / 2005
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 238.13
City Tallahassee State FL Zip Code 32303-6320	Purpose of Disbursement Fundraising Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Valarie Watson		Transaction ID: D3869 Date of Disbursement 05 / 23 / 2005
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 720.67
City Tallahassee State FL Zip Code 32303-6320	Purpose of Disbursement Mileage and Office Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1186.44
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)

<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)
Boyd for Congress

A. Valarie Watson Full Name (Last, First, Middle Initial) Mailing Address 520 Beard St City Tallahassee State FL Zip Code 32303-6320 Purpose of Disbursement Stamps, Mileage, Office Supplies 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) ▼		Transaction ID: D3887 Date of Disbursement 06 / 14 / 2005 Amount of Each Disbursement this Period 1731.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 297885 City Fort Lauderdale State FL Zip Code 33329-7885 Purpose of Disbursement Credit Card: See Below 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) ▼		Transaction ID: D575 Date of Disbursement 04 / 14 / 2005 Amount of Each Disbursement this Period 507.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address Int'l Airport Dr City Atlanta State GA Zip Code 30301 Purpose of Disbursement Air Travel 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) ▼		Transaction ID: D3909 Date of Disbursement 04 / 14 / 2005 Amount of Each Disbursement this Period 507.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	2239.78
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)
Boyd for Congress

A. FABJ, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 806 Quitman Hwy N

City Greenville State FL Zip Code 32331-6916

Purpose of Disbursement
PAYROLL:SEE BELOW

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D3290
Date of Disbursement
04 / 25 / 2005

Amount of Each Disbursement this Period
9040.00

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

B. Betsy Barfield

Full Name (Last, First, Middle Initial)

Mailing Address 387 De Sercey

City Monticello State FL Zip Code 32344

Purpose of Disbursement
Payroll & Taxes 4/1-4/30/05

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D3892
Date of Disbursement
04 / 25 / 2005

Amount of Each Disbursement this Period
2758.75

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

[MEMO ITEM]

C. Carmen Cummings

Full Name (Last, First, Middle Initial)

Mailing Address 6738 Donerail Trail

City Tallahassee State FL Zip Code 32309-1602

Purpose of Disbursement
Payroll & Taxes 4/1-4/30/05

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D3894
Date of Disbursement
04 / 25 / 2005

Amount of Each Disbursement this Period
1103.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

9040.00

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)
Boyd for Congress

A. FABJ, Inc. Full Name (Last, First, Middle Initial) Mailing Address 806 Quitman Hwy N City Greenville State FL Zip Code 32331-6916 Purpose of Disbursement Payroll Processing Fee 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) ▼		Transaction ID: D3990 Date of Disbursement 04 / 25 / 2005 Amount of Each Disbursement this Period 212.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Valarie Watson Full Name (Last, First, Middle Initial) Mailing Address 520 Beard St City Tallahassee State FL Zip Code 32303-6320 Purpose of Disbursement Payroll & Taxes 4/1-4/30/05 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) ▼		Transaction ID: D3897 Date of Disbursement 04 / 25 / 2005 Amount of Each Disbursement this Period 4965.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Elan Financial Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼		Transaction ID: D3845 Date of Disbursement 04 / 25 / 2005 Amount of Each Disbursement this Period 140.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	140.86
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)
Boyd for Congress

A. Elan Financial Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼		Transaction ID: D3849 Date of Disbursement 04 / 25 / 2005 Amount of Each Disbursement this Period 135.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Conference Call Com Full Name (Last, First, Middle Initial) Mailing Address 1445 Mac Arthur Drive, #124 City Carrollton State TX Zip Code 75007-4461 Purpose of Disbursement Conference Calls 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) ▼		Transaction ID: D3850 Date of Disbursement 04 / 03 / 2005 Amount of Each Disbursement this Period 103.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Elan Financial Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼		Transaction ID: D3858 Date of Disbursement 05 / 23 / 2005 Amount of Each Disbursement this Period 209.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	345.65
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)
Boyd for Congress

A. Elan Financial Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼		Transaction ID: D3864 Date of Disbursement 05 / 23 / 2005 Amount of Each Disbursement this Period 251.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Conference Call Com Full Name (Last, First, Middle Initial) Mailing Address 1445 Mac Arthur Drive, #124 City Carrollton State TX Zip Code 75007-4461 Purpose of Disbursement Conference Calls 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) ▼		Transaction ID: D3867 Date of Disbursement 05 / 03 / 2005 Amount of Each Disbursement this Period 124.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. FABJ, Inc. Full Name (Last, First, Middle Initial) Mailing Address 806 Quitman Hwy N City Greenville State FL Zip Code 32331-6916 Purpose of Disbursement PAYROLL: SEE BELOW 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) ▼		Transaction ID: D3872 Date of Disbursement 05 / 25 / 2005 Amount of Each Disbursement this Period 9040.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	9291.54
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)
Boyd for Congress

<p>A. Betsy Barfield</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 387 De Sercey</p> <p>City Monticello State FL Zip Code 32344</p> <p>Purpose of Disbursement Payroll & Taxes 5/1-5/31/05</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D3893</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2758.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Carmen Cummings</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 6738 Donerail Trail</p> <p>City Tallahassee State FL Zip Code 32309-1602</p> <p>Purpose of Disbursement Payroll & Taxes 5/1-5/31/05</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D3895</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1103.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. FABJ, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 806 Quitman Hwy N</p> <p>City Greenville State FL Zip Code 32331-6916</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D3989</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="212.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Valarie Watson		Transaction ID: D3898 Date of Disbursement 05 / 25 / 2005	
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 4965.75	
City Tallahassee State FL Zip Code 32303-6320	Purpose of Disbursement Payroll & Taxes 5/1-5/31/05	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. F. Allen Boyd, Jr.		Transaction ID: D3875 Date of Disbursement 05 / 23 / 2005	
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 2046.78	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement REIMBURSEMENT:SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Capital Hill Suites		Transaction ID: D3908 Date of Disbursement 04 / 29 / 2005	
Mailing Address 200 C St. NW		Amount of Each Disbursement this Period 775.16	
City Washington State DC Zip Code 20001	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	2046.78
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)
Boyd for Congress

A. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address Int'l Airport Dr City Atlanta State GA Zip Code 30301 Purpose of Disbursement Air Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D3906 Date of Disbursement 04 / 20 / 2005 Amount of Each Disbursement this Period 175.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

B. Hyatt Hotels Full Name (Last, First, Middle Initial) Mailing Address 9300 Airport Blvd City Orlando State FL Zip Code 32827-4385 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D3907 Date of Disbursement 04 / 26 / 2005 Amount of Each Disbursement this Period 381.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

C. The National Democratic Club Full Name (Last, First, Middle Initial) Mailing Address 30 Ivy Street SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D3904 Date of Disbursement 04 / 12 / 2005 Amount of Each Disbursement this Period 92.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D3890 Date of Disbursement 06 / 06 / 2005
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 410.91
City Fort Lauderdale State FL Zip Code 33329-7885	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card: See Below Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type

Full Name (Last, First, Middle Initial) B. Belga Cafe		Transaction ID: D3917 Date of Disbursement 05 / 25 / 2005
Mailing Address 514 8th Street SE		Amount of Each Disbursement this Period 410.91
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 Fundraising Expense Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D3910 Date of Disbursement 06 / 17 / 2005
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 74.08
City Fort Lauderdale State FL Zip Code 33329-7885	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card: See Below Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	484.99
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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. FABJ, Inc.		Transaction ID: D3913 Date of Disbursement 06 / 29 / 2005	
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 6215.00	
City Greenville State FL Zip Code 32331-6916	Purpose of Disbursement PAYROLL:SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Carmen Cummings		Transaction ID: D3896 Date of Disbursement 06 / 29 / 2005	
Mailing Address 6738 Donerail Trail		Amount of Each Disbursement this Period 1103.50	
City Tallahassee State FL Zip Code 32309-1602	Purpose of Disbursement Payroll & Taxes 6/1-6/30/05	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. FABJ, Inc.		Transaction ID: D3988 Date of Disbursement 06 / 29 / 2005	
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 145.75	
City Greenville State FL Zip Code 32331-6916	Purpose of Disbursement Payroll Processing Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	6215.00
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)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Valarie Watson		Transaction ID: D3899 Date of Disbursement 06 / 29 / 2005
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 4965.75
City Tallahassee	State FL Zip Code 32303-6320	
Purpose of Disbursement Payroll & Taxes 6/1-6/30/05		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hertz Rent A Car		Transaction ID: D3995 Date of Disbursement 06 / 07 / 2005
Mailing Address National Airport		Amount of Each Disbursement this Period 629.34
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Car Rental		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Loews Vanderbilt Plaza Hotel		Transaction ID: D3998 Date of Disbursement 06 / 08 / 2005
Mailing Address 2100 W End Ave		Amount of Each Disbursement this Period 250.21
City Nashville	State TN Zip Code 37203	
Purpose of Disbursement Lodging		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D4025 Date of Disbursement 06 / 29 / 2005
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 135.00
City Fort Lauderdale State FL Zip Code 33329-7885	Purpose of Disbursement Renewal Fee 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Avis Car Rental		Transaction ID: D4021 Date of Disbursement 06 / 09 / 2005
Mailing Address 3300 SW Cap. Circle		Amount of Each Disbursement this Period 121.27
City Tallahassee State FL Zip Code 32311	Purpose of Disbursement Car Rental 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: D4015 Date of Disbursement 05 / 04 / 2005
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 295.80
City Atlanta State GA Zip Code 30301	Purpose of Disbursement Air Travel 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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

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)
Boyd for Congress

<p>A. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Int'l Airport Dr</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Air Travel Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D4018</p> <p>Date of Disbursement</p> <p>05 / 11 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Int'l Airport Dr</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D4018</p> <p>Date of Disbursement</p> <p>05 / 31 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>295.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Int'l Airport Dr</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D4019</p> <p>Date of Disbursement</p> <p>06 / 02 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>391.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: D4017 Date of Disbursement 06 / 17 / 2005
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Atlanta State GA Zip Code 30301		
Purpose of Disbursement Air Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Loews Vanderbilt Plaza Hotel		Transaction ID: D4020 Date of Disbursement 06 / 07 / 2005
Mailing Address 2100 W End Ave		Amount of Each Disbursement this Period 316.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Nashville State TN Zip Code 37203		
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Air		Transaction ID: D4024 Date of Disbursement 06 / 02 / 2005
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Arlington State VA Zip Code 22227-0001		
Purpose of Disbursement Air travel fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D4023

Date of Disbursement

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

Amount of Each Disbursement this Period

197.70

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D4022

Date of Disbursement

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

Amount of Each Disbursement this Period

197.70

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

55823.06

**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)

PAGE 85 / 86

<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)
Boyd for Congress

A. Full Name (Last, First, Middle Initial)
Lampson for Congress

Mailing Address P. O. Box 58606

City Houston State TX Zip Code 77258

Purpose of Disbursement Campaign Donation

Candidate Name Lampson for Congress

Office Sought: House Senate President
State: TX District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D3912

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		1	7		2	0	0	5

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

(Use separate schedule(s) for each numbered line)	PAGE 86 / 86	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Boyd for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Plante & Associates, Inc.	Nature of Debt (Purpose): research
Mailing Address 1503 Viewmont Dr	
City State ZIP Code Charleston WV 25302-2441	

Outstanding Balance Beginning This Period	Transaction ID: D479	
2000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00

1) SUBTOTALS This Period This Page (optional).....	2000.00
2) TOTALS This Period (last page this line number only).....	2000.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	