

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Jo Bonner for Congress Committee

ADDRESS (number and street) ▼

P.O.Box 851232

Check if different than previously reported. (ACC)

Mobile

AL

36685

2. **FEC IDENTIFICATION NUMBER** ▼

C C00375220

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AL

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY  
11 / 06 / 2012

DD / YYYY

YYYY

in the State of

AL

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2012

DD / YYYY

YYYY

through

MM / DD / YYYY  
10 / 17 / 2012

DD / YYYY

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Burke Liles

Signature of Treasurer Mary Burke Liles

*[Electronically Filed]*

Date

MM / DD / YYYY  
10 / 22 / 2012

DD / YYYY

YYYY

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Jo Bonner for Congress Committee**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	15350.00	1062097.40
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14350.00	1060897.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20653.31	1096355.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9739.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20653.31	1086616.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	176792.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Jo Bonner for Congress Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10000.00	533608.00
(ii) Unitemized.....	350.00	25955.00
(iii) TOTAL of contributions from individuals ▶	10350.00	559563.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	502534.40
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15350.00	1062097.40
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	42871.65
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	9739.45
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	974.12
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15350.00	1115682.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20653.31	1096355.53
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 .....	1000.00	1200.00
(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)).....	1000.00	1200.00
21. OTHER DISBURSEMENTS .....	0.00	164850.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21653.31	1262405.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	183095.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15350.00
25. SUBTOTAL (add Line 23 and Line 24).....	198445.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21653.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	176792.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Adams**

Mailing Address 8240 Healy Dr

City State Zip Code  
Mobile AL 36695-4919

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21018.C12155**

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Harry Berger**

Mailing Address 314 Springhill Woods Dr W

City State Zip Code  
Mobile AL 36608-0700

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

Name of Employer Occupation  
self dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12147**

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Barry Booth**

Mailing Address PO Box 7406

City State Zip Code  
Spanish Fort AL 36577-7406

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

Name of Employer Occupation  
self physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12149**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Frank D. Brown**

Mailing Address **PO Box 9337**

City State Zip Code  
Mobile AL 36691-0337

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : 21018.C12158**

Amount of Each Receipt this Period  
**500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ray Cole**

Mailing Address **2730 Regatta Way**

City State Zip Code  
Tuscaloosa AL 35406-4021

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

Name of Employer Occupation  
Van Scoyoc & Associates Governmental Affairs

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 03 / 2012**

**Transaction ID : 21008.C12114**

Amount of Each Receipt this Period  
**500.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Julio Corte**

Mailing Address **24001-A State Highway 181**

City State Zip Code  
Daphne AL 36526

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

Name of Employer Occupation  
self farming

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2012**

**Transaction ID : 21018.C12145**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Walt Hayes**

Mailing Address 5 Drury Ln

City State Zip Code  
Mobile AL 36608-2354

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12137**

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Nicholas Holmes**

Mailing Address PO Box 864

City State Zip Code  
Mobile AL 36601-0864

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

Name of Employer Occupation  
self architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12144**

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**T.A. Horst**

Mailing Address 3750 Swansea Dr

City State Zip Code  
Mobile AL 36608-1706

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3875.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21018.C12157**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**John Hull**

Mailing Address 6251 Van Buren St

City State Zip Code  
Daphne AL 36526-7157

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

Name of Employer self Occupation land management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12136**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Michael Johnson**

Mailing Address 11569 Fairway Dr

City State Zip Code  
Irvington AL 36544-4125

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

Name of Employer self Occupation seafood processing

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12138**

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Rosalie Lockhart**

Mailing Address 27250 State Highway 181

City State Zip Code  
Daphne AL 36526-8526

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12142**

Amount of Each Receipt this Period  
150.00

Receipt

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

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

900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Manning**

Mailing Address 10346 Rosewood Ln

City State Zip Code  
Daphne AL 36526-6654

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

Name of Employer Occupation  
Manning Marketplace executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12150**

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Craig Mathews**

Mailing Address 2809 Churchbell Ct

City State Zip Code  
Mobile AL 36695-2528

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

Name of Employer Occupation  
Lexus of Mobile General Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12143**

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Karen Moore**

Mailing Address PO Box 1007

City State Zip Code  
Fairhope AL 36533-1007

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

Name of Employer Occupation  
Baldwin EMC executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21022.C12168**

Amount of Each Receipt this Period  
100.00

Receipt

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Hunter Moorhead**

Mailing Address 606 Crestwood Dr

City State Zip Code  
Alexandria VA 22302-2533

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

Name of Employer Occupation  
Crossroads Strategies Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21018.C12161**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**David Murchison**

Mailing Address 719 Oak Bluff Dr

City State Zip Code  
Daphne AL 36526-4038

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

Name of Employer Occupation  
SSA judge

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 21008.C12115**

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 62 Turin Ln

City State Zip Code  
Mobile AL 36608-2318

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

Name of Employer Occupation  
Scotch Lumber executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21022.C12165**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

2200.00

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

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

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Isadore Pike**

Mailing Address 105 N Summit St

City State Zip Code  
Fairhope AL 36532-2521

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

Name of Employer self Occupation physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21022.C12169**

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Carolyn Plash**

Mailing Address 57 McGregor Ave S

City State Zip Code  
Mobile AL 36608-1823

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 21018.C12156**

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Jenny Rich**

Mailing Address 7 Everett Pl

City State Zip Code  
New Orleans LA 70115-5032

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21018.C12148**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

450.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 33

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Erling Riis**  
 Mailing Address 1012 Bristol Ct  
 City State Zip Code  
 Mobile AL 36608-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lyon, Fry, Cadden Vice President  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2012  
**Transaction ID : 21018.C12141**  
 Amount of Each Receipt this Period  
 100.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Riley Boykin Smith**  
 Mailing Address PO Box 16147  
 City State Zip Code  
 Mobile AL 36616-0147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tensaw Land and Timber President  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2012  
**Transaction ID : 21018.C12139**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Larry Taylor**  
 Mailing Address 802 Northshore Drive  
 City State Zip Code  
 Bay Minette AL 36507-0969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gulf Packaging owner  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2012  
**Transaction ID : 21022.C12166**  
 Amount of Each Receipt this Period  
 250.00  
 Receipt

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

1350.00

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

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

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

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

Mailing Address 5905 Sutherlin Dr

City State Zip Code  
Mobile AL 36609-3003

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

Name of Employer Occupation  
ALCO Timber Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 21022.C12167**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**George Waldron**

Mailing Address 4032 Marchfield Dr N

City State Zip Code  
Mobile AL 36693-2956

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 05 / 2012

**Transaction ID : 21008.C12126**

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Ryan Welch**

Mailing Address 2467 Wildwood Drive

City State Zip Code  
Montgomery AL 36111-1343

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

Name of Employer Occupation  
Information Requested Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 05 / 2012

**Transaction ID : 21008.C12128**

Amount of Each Receipt this Period  
350.00

Receipt

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

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

900.00

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

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

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**C. Richard Wilkins**

Mailing Address 52 Jordan Ln

City State Zip Code  
Mobile AL 36608-2625

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

Name of Employer Occupation  
Vickers Riis ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : 21008.C12127**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address PO Box 835

City State Zip Code  
Bay Minette AL 36507-0835

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

Name of Employer Occupation  
State of Alabama circuit court judge

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21018.C12146**

Amount of Each Receipt this Period  
 Receipt 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

350.00

10000.00

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

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

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**American College of Radiology PAC**

Mailing Address 505 9th St NW Ste 910

City Washington State DC Zip Code 20004-2173

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : 21010.C12133**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers PAC**

Mailing Address 1101 King St Ste 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : 21010.C12132**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Receipt

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

Mailing Address 9312 Old Georgetown Rd

City Bethesda State MD Zip Code 20814-1621

FEC ID number of contributing federal political committee. **C c00008839**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : 21010.C12134**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Receipt

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

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

\_\_\_\_\_ 4000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**The Hardwood Federation PAC**

Mailing Address 1111 19th St NW Ste 800

City Washington State DC Zip Code 20036-3652

FEC ID number of contributing federal political committee. **C** c00396671

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 21018.C12151**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. The 116 Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2012</b>
Mailing Address <b>234 3rd St NE</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20002-5756</b>	Purpose of Disbursement <b>MEALS</b>	<b>Transaction ID : 21018.E6399</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>MEALS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adger Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2012</b>
Mailing Address <b>19409 Scenic Highway 98</b>		Amount of Each Disbursement this Period <b>970.67</b>
City <b>Fairhope</b>	State <b>AL</b>	
Zip Code <b>36532-6840</b>	Purpose of Disbursement <b>supplies</b>	<b>Transaction ID : 21010.E6357</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>SUPPLIES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Martin Air</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2012</b>
Mailing Address <b>PO Box 485</b>		Amount of Each Disbursement this Period <b>4691.07</b>
City <b>Sandston</b>	State <b>VA</b>	
Zip Code <b>23150-0485</b>	Purpose of Disbursement <b>air travel</b>	<b>Transaction ID : 21010.E6356</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>AIR TRAVEL</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5686.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Jo Bonner</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 143 Myrtlewood Ln			Amount of Each Disbursement this Period 29.71
City	State	Zip Code	
Mobile	AL	36608-1438	Transaction ID : 21010.E6359
Purpose of Disbursement MEAL		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jo Bonner</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 143 Myrtlewood Ln			Amount of Each Disbursement this Period 67.95
City	State	Zip Code	
Mobile	AL	36608-1438	Transaction ID : 21018.E6401
Purpose of Disbursement INTERNET		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INTERNET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Beckhams Florist</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 7850 Airport Blvd			Amount of Each Disbursement this Period 65.40
City	State	Zip Code	
Mobile	AL	36608-9612	Transaction ID : 21010.E6358
Purpose of Disbursement FLOWERS		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Tom Hammond &amp; As</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address PO Box 368		Amount of Each Disbursement this Period 2230.24
City Falls Church	State VA	Zip Code 22040-0368
Purpose of Disbursement Washington DC PAC fundraising	Category/Type	
Candidate Name	Transaction ID : 21010.E6369	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WASHINGTON DC PAC FUNDRAISING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. H Hinaman &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 703 Day Ln		Amount of Each Disbursement this Period 560.20
City Alexandria	State VA	Zip Code 22314-6248
Purpose of Disbursement travel expenses: see below	Category/Type	
Candidate Name	Transaction ID : 21010.E6361	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRAVEL EXPENSES: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. D Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 407.70
City Atlanta	State GA	Zip Code 30320-6001
Purpose of Disbursement airfare	Category/Type	
Candidate Name	Transaction ID : 21010.E6362	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: AIRFARE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2790.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. The Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address Hillcrest Road		Amount of Each Disbursement this Period 16.74
City State Zip Code Mobile AL 36695-	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : 21010.E6363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] MEMO: GAS

Full Name (Last, First, Middle Initial) <b>B. Red Top Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address Glebe Road		Amount of Each Disbursement this Period 30.00
City State Zip Code Arlington VA 22202-	Purpose of Disbursement CABFARE	
Candidate Name		Transaction ID : 21010.E6364
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] MEMO: CABFARE

Full Name (Last, First, Middle Initial) <b>C. A Avis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 8400 Airport Blvd		Amount of Each Disbursement this Period 105.76
City State Zip Code Mobile AL 36608-9603	Purpose of Disbursement CAR RENTAL	
Candidate Name		Transaction ID : 21010.E6365
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] MEMO: CAR RENTAL

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. H Hinaman &amp; Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 703 Day Ln		Amount of Each Disbursement this Period 4500.00
City Alexandria	State VA	
Zip Code 22314-6248	Purpose of Disbursement political/fundraising strategy	<b>Transaction ID : 21010.E6355</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	POLITICAL/FUNDRAISING STRATEGY
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JennKenn Interactive</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 6420 Doubletree Ct		Amount of Each Disbursement this Period 30.00
City Mobile	State AL	
Zip Code 36695-6208	Purpose of Disbursement WEBSITE UPDATES	<b>Transaction ID : 21018.E6400</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEBSITE UPDATES
State: District:		

Full Name (Last, First, Middle Initial) <b>c. P Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 2065 Hamilton Ave		Amount of Each Disbursement this Period 20.19
City San Jose	State CA	
Zip Code 95125-5904	Purpose of Disbursement ONLINE FEES	<b>Transaction ID : 21008.E6353</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4550.19
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. P Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 2065 Hamilton Ave		Amount of Each Disbursement this Period 10.45
City San Jose State CA Zip Code 95125-5904	Purpose of Disbursement ONLINE FEES	Transaction ID : 21008.E6354
Candidate Name	Category/Type	ONLINE FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sams Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1100 South Beltline Highway		Amount of Each Disbursement this Period 35.00
City Mobile State AL Zip Code 36609-	Purpose of Disbursement SUPPLIES	Transaction ID : 21010.E6368
Candidate Name	Category/Type	SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Whitney National Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 25 W I65 Service Rd N		Amount of Each Disbursement this Period 7159.43
City Mobile State AL Zip Code 36608-1201	Purpose of Disbursement credit card: see below	Transaction ID : 21010.E6360
Candidate Name	Category/Type	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7204.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. F Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 840 Lakeside Dr		Amount of Each Disbursement this Period 47.41
City State Zip Code Mobile AL 36693-5116	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6370</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> MEMO: SHIPPING

Full Name (Last, First, Middle Initial) <b>B. Available Self-storage</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Old Shell Road		Amount of Each Disbursement this Period 83.00
City State Zip Code Mobile AL 36608-	Purpose of Disbursement STORAGE	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6371</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> MEMO: STORAGE

Full Name (Last, First, Middle Initial) <b>c. Amys Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 4521 Longview Rd		Amount of Each Disbursement this Period 185.30
City State Zip Code Tuscaloosa AL 35405-4123	Purpose of Disbursement FLOWERS	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6372</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> MEMO: FLOWERS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Crowne Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 5303 W Kennedy Blvd		Amount of Each Disbursement this Period 325.76
City Tampa	State FL Zip Code 33609-2414	
Purpose of Disbursement lodging	Category/Type	<b>Transaction ID : 21018.E6373</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: LODGING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address PO Box 105262		Amount of Each Disbursement this Period 193.25
City Atlanta	State GA Zip Code 30348-5262	
Purpose of Disbursement UTILITIES	Category/Type	<b>Transaction ID : 21018.E6374</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Southern Veranda Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 105 N Bancroft St		Amount of Each Disbursement this Period 76.25
City Fairhope	State AL Zip Code 36532-2401	
Purpose of Disbursement FLOWERS	Category/Type	<b>Transaction ID : 21018.E6375</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: FLOWERS
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 3410 Bel Air Mall		Amount of Each Disbursement this Period 225.00
City State Zip Code Mobile AL 36606-3402	Purpose of Disbursement postage	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6376</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[ ]	
State: District:		<b>[MEMO ITEM]</b> MEMO: POSTAGE

Full Name (Last, First, Middle Initial) <b>B. Marriotts Grand Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 1 Grand Boulevard		Amount of Each Disbursement this Period 1056.87
City State Zip Code Point Clear AL 36564-	Purpose of Disbursement lodging	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6377</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[ ]	
State: District:		<b>[MEMO ITEM]</b> MEMO: LODGING

Full Name (Last, First, Middle Initial) <b>c. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Airport Boulevard		Amount of Each Disbursement this Period 216.34
City State Zip Code Mobile AL 36606-	Purpose of Disbursement EQUIPMENT	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6378</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[ ]	
State: District:		<b>[MEMO ITEM]</b> MEMO: EQUIPMENT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Party City</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Airport Boulevard		Amount of Each Disbursement this Period 31.51
City State Zip Code Mobile AL 36609-	Category/Type	
Purpose of Disbursement SUPPLIES	Candidate Name	Transaction ID : 21018.E6379  [MEMO ITEM] MEMO: SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Claude Moore Jeweler</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 3700 Dauphin St		Amount of Each Disbursement this Period 43.60
City State Zip Code Mobile AL 36608-1725	Category/Type	
Purpose of Disbursement L VOLUNTEER GIFTS	Candidate Name	Transaction ID : 21018.E6380  [MEMO ITEM] MEMO: L VOLUNTEER GIFTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The R.T.s Restaur</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 3804 Mount Vernon Ave		Amount of Each Disbursement this Period 80.33
City State Zip Code Alexandria VA 22305-2409	Category/Type	
Purpose of Disbursement MEALS	Candidate Name	Transaction ID : 21018.E6381  [MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Ruths Chris</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Glenwood		Amount of Each Disbursement this Period 242.38
City Mobile	State AL	
Zip Code 36604-		[MEMO ITEM] MEMO: MEALS
Purpose of Disbursement MEALS	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. F Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 840 Lakeside Dr		Amount of Each Disbursement this Period 26.65
City Mobile	State AL	
Zip Code 36693-5116		[MEMO ITEM] MEMO: SHIPPING
Purpose of Disbursement SHIPPING	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 3658 Airport Blvd # B		Amount of Each Disbursement this Period 42.50
City Mobile	State AL	
Zip Code 36608-1616		[MEMO ITEM] MEMO: SUPPLIES
Purpose of Disbursement SUPPLIES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Raceway Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Eastern Bypass		Amount of Each Disbursement this Period 67.00
City Montgomery	State AL	
Zip Code 36106-	Purpose of Disbursement GAS	Transaction ID : 21018.E6385
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: GAS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1650.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement softwarre maintenance	Transaction ID : 21018.E6386
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: SOFTWARE MAINTENANCE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rbs Chicken Shack</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address airport boulevard		Amount of Each Disbursement this Period 43.88
City Mobile	State AL	
Zip Code 36609-	Purpose of Disbursement MEAL	Transaction ID : 21018.E6387
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEAL
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. The Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address Hillcrest Road		Amount of Each Disbursement this Period 41.26
City Mobile	State AL	
Zip Code 36695-	Purpose of Disbursement GAS	Transaction ID : 21018.E6388
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: GAS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Landini Brothers</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 115 King St		Amount of Each Disbursement this Period 139.41
City Alexandria	State VA	
Zip Code 22314-3207	Purpose of Disbursement MEAL	Transaction ID : 21018.E6389
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEAL
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The White House Histor</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address De Sales Stret		Amount of Each Disbursement this Period 480.67
City Washington	State DC	
Zip Code 20001-	Purpose of Disbursement gifts	Transaction ID : 21018.E6390
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: GIFTS
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

**A. Washington Parking**

Full Name (Last, First, Middle Initial)  
Mailing Address 655 15th St NW

City Washington State DC Zip Code 20005-5701

Purpose of Disbursement PARKING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 14 / 2012

Amount of Each Disbursement this Period: 10.00

Transaction ID : 21018.E6391

**[MEMO ITEM]**  
MEMO: PARKING

**B. US Capitol Historical Society**

Full Name (Last, First, Middle Initial)  
Mailing Address US Capitol

City Washington State DC Zip Code 20002-

Purpose of Disbursement GIFTS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 14 / 2012

Amount of Each Disbursement this Period: 68.95

Transaction ID : 21018.E6392

**[MEMO ITEM]**  
MEMO: GIFTS

**C. Verizon Wireless**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 66108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 14 / 2012

Amount of Each Disbursement this Period: 87.20

Transaction ID : 21018.E6393

**[MEMO ITEM]**  
MEMO: SUPPLIES

**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)	PAGE 31 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Master Joes</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 21 N Section St		Amount of Each Disbursement this Period 177.75
City Fairhope	State AL Zip Code 36532-2204	
Purpose of Disbursement MEAL	Candidate Name	Transaction ID : 21018.E6394
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: MEAL

Full Name (Last, First, Middle Initial) <b>B. The Bienville Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 34th Floor, Amsouth Bank Building		Amount of Each Disbursement this Period 307.88
City Mobile	State AL Zip Code 36602-	
Purpose of Disbursement meals	Candidate Name	Transaction ID : 21018.E6395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>c. Tamaras Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 104 N Section St		Amount of Each Disbursement this Period 138.84
City Fairhope	State AL Zip Code 36532-2431	
Purpose of Disbursement MEALS	Candidate Name	Transaction ID : 21018.E6396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: MEALS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. 1789 Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 1226 36th St NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20007-2627	Purpose of Disbursement meals	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6397</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>B. Gambinos Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 18 Laurel Ave		Amount of Each Disbursement this Period 770.44
City Fairhope State AL Zip Code 36532-1109	Purpose of Disbursement MEALS	
Candidate Name	Category/Type	<b>Transaction ID : 21018.E6398</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address P.O. Box 66108		Amount of Each Disbursement this Period 258.00
City Dallas State TX Zip Code 75266-	Purpose of Disbursement wireless expenses	
Candidate Name	Category/Type	<b>Transaction ID : 21010.E6367</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		WIRELESS EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.00
<b>TOTAL</b> This Period (last page this line number only).....	20653.31



**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 33 OF 33			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Jo Bonner for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Dwight Harrigan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address PO Box 38		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 21010.E6366</b>
City Fulton	State AL	
Purpose of Disbursement Refund of Contribution Gulf Coast Victor		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00