

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Westmoreland for Congress

ADDRESS (number and street) P.O. Box 458  
 Check if different than previously reported. (ACC)  
Sharpsburg GA 30277

2. **FEC IDENTIFICATION NUMBER** C00387126  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
GA 03  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

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

5. Covering Period 07 01 2008 through 09 30 2008

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 Ann Hand  
Signature of Treasurer Electronically Filed by Ann Hand Date 01 05 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Westmoreland for Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	139212.00	675909.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	139212.00	674159.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	144454.97	448405.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2047.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	144454.97	446357.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	445753.47	
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

Write or Type Committee Name  
Westmoreland for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	69480.00	339385.00
(i) Itemized (use Schedule A).....	5543.00	23364.00
(ii) Unitemized.....	75023.00	362749.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	64189.00	313160.84
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	139212.00	675909.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	<b>0.00</b>	<b>0.00</b>
<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>	<b>0.00</b>	<b>2047.97</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	<b>0.00</b>	<b>0.00</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>139212.00</b>	<b>677957.81</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	144454.97	448405.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	70000.00	201000.00
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	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1750.00
21. OTHER DISBURSEMENTS.....	38750.00	98300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	253204.97	749455.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	559746.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	139212.00
25. SUBTOTAL (add Line 23 and Line 24).....	698958.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	253204.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	445753.47

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Action Comm. for Rural Electrificat. PAC  
Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2008

**Transaction ID:** 81012.C6036

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Altria Group Inc. PAC  
Mailing Address Attn: Mr. Greg Scott  
101 Constitution Ave., NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2008

**Transaction ID:** 81012.C6064

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Associated General Contractors PAC  
Mailing Address 2300 Wilson Blvd Ste 400  
Suite 400

City State Zip Code  
Arlington VA 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2008

**Transaction ID:** 81012.C6018

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 6 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Associated General Contractors PAC

Mailing Address 2300 Wilson Blvd Ste 400  
Suite 400

City Arlington State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. C C00082917

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 14 / 2008

**Transaction ID:** 81012.C6019

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 175 E Houston St Rm 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. C C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 29 / 2008

**Transaction ID:** 81012.C6214

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 5430 Lyndon B Johnson Fwy Ste 160  
Attn: Junior Aston

City Dallas State TX Zip Code 75240-2630

FEC ID number of contributing federal political committee. C C00381954

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y  
08 / 22 / 2008

**Transaction ID:** 81012.C6103

Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address PO Box 15438

City State Zip Code  
Wilmington DE 19850-5438

FEC ID number of contributing federal political committee. C C00279455

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** 81013.C6229

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 50 Beale Street  
P.O. Box 193965

City State Zip Code  
San Francisco CA 94119

FEC ID number of contributing federal political committee. C C00103697

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 16 / 2008

**Transaction ID:** 81012.C6171

Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Branch Banking and Trust Co, PAC

Mailing Address c/o Ed Simpson  
P.O. Box 1290

City State Zip Code  
Winston Salem NC 27102-1290

FEC ID number of contributing federal political committee. C C00075291

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 10 / 2008

**Transaction ID:** 80710.C6017

Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brotherhood of Locomotive Engineers

Mailing Address and Trainmen PAC  
1370 Ontario St

City Cleveland State OH Zip Code 44113

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** 81013.C6241

Amount of Each Receipt this Period 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Seth Harp

Mailing Address 122 Enterprise Ct Ste D  
Suite D

City Columbus State GA Zip Code 31904-3666

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

Date of Receipt MM / DD / YYYY  
09 / 16 / 2008

**Transaction ID:** 81012.C6169

Amount of Each Receipt this Period 990.00

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

**C.** Full Name (Last, First, Middle Initial)  
Conoco Phillips Spirit PAC

Mailing Address 1499 B Plaza Ofc Building

City Bartlesville State OK Zip Code 74004-0001

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** 81013.C6230

Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2690.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
CSX Corp. Good Govt Fund

Mailing Address 1331 Pennsylvania Ave NW Ste 560  
Attn: Stephen R. Rippin

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81013.C6245  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee of

Mailing Address National Auto Dealers Association  
8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81013.C6233  
 Amount of Each Receipt this Period 5000.00

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

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

Mailing Address P.O. Box 20706  
Attn: Harold Bevis

City Hogansville State GA Zip Code 30320

FEC ID number of contributing federal political committee. **C** C00076133

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81013.C6242  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Eastman Kodak PAC

Mailing Address 343 State St

City State Zip Code  
Rochester NY 14650-0001

FEC ID number of contributing federal political committee. C C00297085

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 29 / 2008

**Transaction ID:** 81012.C6218

Amount of Each Receipt this Period 2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
EZCORP Inc PAC

Mailing Address 1901 Capital Pkwy

City State Zip Code  
Austin TX 78746-7613

FEC ID number of contributing federal political committee. C C00414185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2008

**Transaction ID:** 81012.C6207

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Flowers PAC (FLO-PAC)

Mailing Address 1919 Flowers Cir  
Attn: Gene D. Lord

City State Zip Code  
Thomasville GA 31757-1137

FEC ID number of contributing federal political committee. C C00033555

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2008

**Transaction ID:** 81012.C6063

Amount of Each Receipt this Period 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042-4523

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 02 / 2008

**Transaction ID:** 80702.C6005

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 186 Lake View Dr N

City Macon State GA Zip Code 31210-8638

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2008

**Transaction ID:** 81012.C6037

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 186 Lake View Dr N

City Macon State GA Zip Code 31210-8638

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2008

**Transaction ID:** 81012.C6070

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
International Paper PAC

Mailing Address P.O. Box 570  
Attn: John C. Runyan

City Savannah State GA Zip Code 31402

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** 81013.C6243

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 81012.C6071

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
King & Spalding Nonpartisan Comm.

Mailing Address for Good Government PAC  
1180 Peachtree St. NE

City Atlanta State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00204453

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** 81013.C6240

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 655 15th St NW Ste 445  
Attn: Lacye Tennille

City Washington State DC Zip Code 20005-5727

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81013.C6232  
 Amount of Each Receipt this Period 1500.00

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

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

Mailing Address 1550 Crystal Dr  
Attn: Steve Chaudet

City Arlington State VA Zip Code 22202-4135

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81012.C6042  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address One High Ridge Park  
Attn: Allen E. Owen

City Stamford State CT Zip Code 06905

FEC ID number of contributing federal political committee. **C** C00065987

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81013.C6244  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mirant Corporation PAC

Mailing Address 1155 Perimeter Ctr W Fl 10  
Attn: Greg Weber

City Atlanta State GA Zip Code 30338-5463

FEC ID number of contributing federal political committee. **C** C00365007

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** 81012.C6216

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Assoc. of Broadcasters PAC

Mailing Address 1771 N St NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** 81012.C6215

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc 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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 8

**Transaction ID:** 81012.C6172

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Utility Contractors Assn PAC

Mailing Address Attn: John Letourneau  
4301 N. Fairfax Drive

City Arlington State VA Zip Code 22203-1627

FEC ID number of contributing federal political committee. **C** C00004101

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2008

**Transaction ID:** 80707.C6014

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Norfolk Southern Good Govt Fund

Mailing Address Three Commercial Place

City Norfolk State VA Zip Code 23510-2191

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2008

**Transaction ID:** 80707.C6010

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address 1630 Duke St Fl 2

City Alexandria State VA Zip Code 22314-3467

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2008

**Transaction ID:** 81013.C6231

Amount of Each Receipt this Period  
3000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Orthopaedic PAC  
Mailing Address 317 Massachusetts Ave NE  
City Washington State DC Zip Code 20002-5769  
FEC ID number of contributing federal political committee. **C** C00343137  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt 07 / 29 / 2008  
Transaction ID: 81012.C6043  
Amount of Each Receipt this Period 2000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
RJ Reynolds PAC  
Mailing Address PO Box 718  
Attn: John H. Fish  
City Winston Salem State NC Zip Code 27102-0718  
FEC ID number of contributing federal political committee. **C** C00042002  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 09 / 29 / 2008  
Transaction ID: 81012.C6213  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Seabaugh for State Senate  
Mailing Address P.O. Box 504  
Attn: Mitch Seabaugh  
City Sharpsburg State GA Zip Code 30277  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 999.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: 81012.C6135  
Amount of Each Receipt this Period 999.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3999.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Spalding County Rep. Exec. Committee PAC

Mailing Address PO Box 1323

City State Zip Code  
Griffin GA 30224-0032

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2008

**Transaction ID:** 81012.C6038

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Synovus Effective Leadership PAC

Mailing Address PO Box 120  
Attn: G. Sanders Griffith, III

City State Zip Code  
Columbus GA 31902-0120

FEC ID number of contributing federal political committee. **C** C00032607

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2008

**Transaction ID:** 81012.C6072

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
TREA Senior Citizens League PAC

Mailing Address 909 N Washington St Ste 300

City State Zip Code  
Alexandria VA 22314-1555

FEC ID number of contributing federal political committee. **C** C00327064

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2008

**Transaction ID:** 81012.C6212

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave NW

City Washington State DC Zip Code 20001-4307

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
07 / 02 / 2008

**Transaction ID:** 80702.C6008

Amount of Each Receipt this Period 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Union Pacific Fund for Good Govt PAC

Mailing Address 600 Thirteenth St., NW Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
08 / 15 / 2008

**Transaction ID:** 81012.C6075

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 55 Glenlake Pkwy NE Attn: Clifford L. Hinds

City Atlanta State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY  
07 / 07 / 2008

**Transaction ID:** 80707.C6011

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 92
	(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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Wachovia PAC		Date of Receipt
	Mailing Address 301 S College Street Attn: Mark C. Treanor		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Charlotte	NC	28288-0001
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00012518"/>
	Name of Employer		Occupation
Receipt For: 2008		Election Cycle-to-Date ▼	Transaction ID: 81012.C6074
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="1000.00"/>
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Wellpoint, Inc PAC		Date of Receipt
	Mailing Address 120 Monument Cir		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46204
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00197228"/>
	Name of Employer		Occupation
Receipt For: 2008		Election Cycle-to-Date ▼	Transaction ID: 81012.C6170
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="500.00"/>
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Weyerhaeuser PAC		Date of Receipt
	Mailing Address PO Box 9777		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Federal Way	WA	98063-9777
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00007948"/>
	Name of Employer		Occupation
Receipt For: 2008		Election Cycle-to-Date ▼	Transaction ID: 81012.C6217
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="2000.00"/>
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 92
	(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

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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Wine & Spirits Wholesalers PAC		Date of Receipt
	Mailing Address 805 Fifteenth St., NW Suite 430		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C00147173"/>
Name of Employer		Occupation	Transaction ID: 80702.C6006
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="64189.00"/>

# 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 21 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Merett Alexander		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 3350 Lower Blue Springs Road		Transaction ID: 81012.C6098
	City Hamilton	State GA	Zip Code 31811-6505
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Alexander Contracting	Occupation Executive	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Glen Allen		Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 1102 Hip Pocket Rd.		Transaction ID: 81012.C6179
	City Peachtree City	State GA	Zip Code 30269-2025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer None	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Lori Auten		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 4034 Wooldridge Rd		Transaction ID: 81012.C6083
	City Fortson	State GA	Zip Code 31808-6848
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer University of Georgia	Occupation Area Director SBDC	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 92
	<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	

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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kit Betsill		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 615 Beeks Rd		<b>Transaction ID:</b> 81012.C6048
	City Williamson	State GA	Zip Code 30292-3351
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Jenni Blackburn		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 200 Joe Ben Lee Rd		<b>Transaction ID:</b> 81012.C6190
	City Newnan	State GA	Zip Code 30263-4105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer None	Occupation Homemaker	Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Blackburn		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 200 Joe Ben Lee Rd		<b>Transaction ID:</b> 81012.C6111
	City Newnan	State GA	Zip Code 30263-4105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer Coweta Realty, Inc.	Occupation Real Estate Agent	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 200 Joe Ben Lee Rd

City Newnan State GA Zip Code 30263-4105

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

Name of Employer Coweta Realty, Inc. Occupation Real Estate Agent

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5100.00

Date of Receipt 08 / 29 / 2008  
**Transaction ID:** 81012.C6110  
 Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 200 Joe Ben Lee Rd

City Newnan State GA Zip Code 30263-4105

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

Name of Employer Coweta Realty, Inc. Occupation Real Estate Agent

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81012.C6189  
 Amount of Each Receipt this Period -2300.00

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

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

Mailing Address 1839 Woodland Rd

City Thomaston State GA Zip Code 30286-4933

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

Name of Employer SS Blackstock Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt 08 / 15 / 2008  
**Transaction ID:** 81012.C6067  
 Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Blanchard  
Mailing Address PO Box 120  
City Columbus State GA Zip Code 31902-0120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Synovus Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 22 / 2008  
Transaction ID: 81012.C6099  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Brenda Bonner  
Mailing Address 2418 Emerald Dr  
City Jonesboro State GA Zip Code 30236-5228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 29 / 2008  
Transaction ID: 81012.C6205  
Amount of Each Receipt this Period 500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Carol Brady  
Mailing Address 410 Vanderwall  
City Peachtree City State GA Zip Code 30269  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 24 / 2008  
Transaction ID: 81012.C6188  
Amount of Each Receipt this Period 1500.00  
In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
Event Equipment Rental

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mike Brady

Mailing Address 410 Vanderwall

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4600.00

Date of Receipt MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID:** 81012.C6146

Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 1135 E. Highway 16

City State Zip Code  
Newnan GA 30263-5329

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Caldwell Poured Foundations Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00

Date of Receipt MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID:** 81012.C6145

Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 645 Obrians Path

City State Zip Code  
McDonough GA 30253-2367

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cameron Development Corp. Real Estate Developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt MM / DD / YYYY  
09 / 29 / 2008

**Transaction ID:** 81012.C6208

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5600.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Greg Camp

Mailing Address 3311 Cathryn Dr

City Columbus State GA Zip Code 31906-1116

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

Name of Employer National Infantry Foundation Occupation Executive Vice President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81012.C6202  
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 1547 Walker Ave

City College Park State GA Zip Code 30337-1544

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81012.C6203  
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 507 Forest Trl

City Griffin State GA Zip Code 30223-7140

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

Name of Employer MGH Insurance Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81012.C6033  
 Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

**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 27 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Curtis		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 214 Newport Dr		Transaction ID: 81012.C6139
	City Peachtree City	State GA	Zip Code 30269-4276
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1025.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) James Daniel		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address PO Box 310		Transaction ID: 81012.C6204
	City Lagrange	State GA	Zip Code 30241-0006
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Daniel Realty & Insurance	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Terry Daniel		Date of Receipt MM / DD / YYYY 07 / 02 / 2008
	Mailing Address 5929 Veterans Pkwy		Transaction ID: 80702.C6007
	City Columbus	State GA	Zip Code 31909-4661
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Daniel Appliance	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tim Dender

Mailing Address 301 Hutchinson Farms Rd

City State Zip Code  
Griffin GA 30224-7372

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

Name of Employer  
Dender Distributing Co., Inc.

Occupation  
Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2008

Transaction ID: 81012.C6029

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P.O. Box 142490

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer  
J & R Clothing

Occupation  
Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2008

Transaction ID: 81012.C6181

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 235 Creek View Trail

City State Zip Code  
Fayetteville GA 30214-7231

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

Name of Employer  
Faulkner Commercial Group, Inc

Occupation  
Real Estate Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

Transaction ID: 81012.C6132

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 29 / 92</span>
	(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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Neil Fernander</p> <p>Mailing Address 2696 Tenny Nelson Rd</p> <p>City State Zip Code Grantville GA 30220-2948</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Atlanta Printing Principal</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 26 / 2008</p> <p><b>Transaction ID:</b> 81012.C6191</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) T.m. Furlow</p> <p>Mailing Address PO Box 946</p> <p>City State Zip Code Griffin GA 30224-0025</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Insurance</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 29 / 2008</p> <p><b>Transaction ID:</b> 81012.C6039</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ronald Gay</p> <p>Mailing Address 122 Runnymede Rd</p> <p>City State Zip Code Griffin GA 30224-7429</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Logos Imaging, LLC Physician</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 01 / 2008</p> <p><b>Transaction ID:</b> 81012.C6052</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>1250.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 30 / 92
	<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)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alvin Goldstein

Mailing Address 225 Westchester Dr

City Griffin State GA Zip Code 30223-8332

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

Name of Employer Goldstein and Sons Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008

Transaction ID: 81012.C6040

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 6453 Springwater Dr

City Columbus State GA Zip Code 31904-2982

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

Name of Employer Human Perf. and Rehab Center Occupation Vice President and COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2008

Transaction ID: 81012.C6090

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 2416 Emerald Dr

City Jonesboro State GA Zip Code 30236-5228

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2008

Transaction ID: 81012.C6206

Amount of Each Receipt this Period 500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Guzzo

Mailing Address PO Box 2942

City State Zip Code  
Peachtree City GA 30269-0942

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

Name of Employer Self-Employed Occupation  
Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

**Transaction ID:** 81012.C6113

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 12771 Chatter Brook Dr

City State Zip Code  
Catharpin VA 20143-1032

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2008

**Transaction ID:** 80702.C6003

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 4016 14th St NW

City State Zip Code  
Washington DC 20011-5524

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

Name of Employer The Ferguson Group, LLC Occupation  
Lobbyist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2008

**Transaction ID:** 80702.C6004

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Greg Harrell  
Mailing Address 665 Birkdale Dr  
City Fayetteville State GA Zip Code 30215-2727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fairburn Ready Mix, Inc. Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00  
Date of Receipt 08 / 29 / 2008  
Transaction ID: 81012.C6115  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William Heard  
Mailing Address 1405 Big Eddy Ct  
City Columbus State GA Zip Code 31904-1934  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00  
Date of Receipt 08 / 19 / 2008  
Transaction ID: 81012.C6187  
Amount of Each Receipt this Period 1200.00  
In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
Event Catering

**C.** Full Name (Last, First, Middle Initial)  
Albert Hinson  
Mailing Address 712 S Center St  
City Thomaston State GA Zip Code 30286  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moseley and Hinson, LLP Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: 81012.C6147  
Amount of Each Receipt this Period 200.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00  
**TOTAL** This Period (last page this line number only) ..... ►



**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 33 / 92
	<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	

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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Albert Hinson		Date of Receipt
	Mailing Address 712 S Center St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	Thomaston	GA	30286
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81012.C6161
Name of Employer Moseley and Hinson, LLP		Occupation Attorney	Amount of Each Receipt this Period 10.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 210.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Hopkins		Date of Receipt
	Mailing Address 717 S 8th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	Griffin	GA	30224-4818
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81012.C6068
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period 270.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 470.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Hopkins		Date of Receipt
	Mailing Address 717 S 8th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Griffin	GA	30224-4818
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81012.C6226
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period 230.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
			Event Catering

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 34 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Allan Imes  
Mailing Address 1022 Eagles Brooke Dr  
City State Zip Code  
Locust Grove GA 30248-2465  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation  
Physicians Assistant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **550.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2008  
Transaction ID: 81012.C6023  
Amount of Each Receipt this Period  
200.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Allan Imes  
Mailing Address 1022 Eagles Brooke Dr  
City State Zip Code  
Locust Grove GA 30248-2465  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation  
Physicians Assistant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **650.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2008  
Transaction ID: 81012.C6053  
Amount of Each Receipt this Period  
100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ben Johnson  
Mailing Address 953 E Moddy Rd  
City State Zip Code  
Griffin GA 30224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Liberty Tech Occupation  
President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2008  
Transaction ID: 81012.C6088  
Amount of Each Receipt this Period  
500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **800.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Steve Keadle

Mailing Address 889 Railroad St

City State Zip Code  
Thomaston GA 30286-6649

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

Name of Employer Occupation  
Keadle Lumber Enterprises Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2008

Transaction ID: 81012.C6180

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Brant Keller

Mailing Address 370 Yarbrough Mill Rd

City State Zip Code  
Williamson GA 30292-3611

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

Name of Employer Occupation  
City of Griffin Director of Public Works

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2008

Transaction ID: 81012.C6066

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Bruce Kemp

Mailing Address PO Box 1638

City State Zip Code  
Columbus GA 31902-1638

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

Name of Employer Occupation  
Royal Rents, Inc President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2008

Transaction ID: 81012.C6097

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 92

(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)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Gene Kemp

Mailing Address PO Box 8868

City Columbus State GA Zip Code 31908-8868

FEC ID number of contributing federal political committee. C

Name of Employer Colony Furniture Leasing Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2008

**Transaction ID:** 81012.C6096

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Kelsey Kennon

Mailing Address PO Box 4400

City Columbus State GA Zip Code 31914-0400

FEC ID number of contributing federal political committee. C

Name of Employer Kennon and Parker Realtors Occupation Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 08 / 22 / 2008

**Transaction ID:** 81012.C6102

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Jack Key

Mailing Address 6682 Waterford Ct

City Columbus State GA Zip Code 31904-2228

FEC ID number of contributing federal political committee. C

Name of Employer Kennon, Parker, Duncan Occupation Real Estate Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 08 / 22 / 2008

**Transaction ID:** 81012.C6101

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bill Kliscinski

Mailing Address 230 Mary Lynn Ln

City Fayetteville State GA Zip Code 30214-1158

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

Name of Employer Lassiter Properties Inc. Occupation Forester

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: 81012.C6129

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

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

Mailing Address 717 E College St

City Griffin State GA Zip Code 30224-4414

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81012.C6032

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

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

Mailing Address 6001 River Rd Ste 400

City Columbus State GA Zip Code 31904-4555

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

Name of Employer Knight Rawls, Inc Occupation Insurance

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 81012.C6134

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address 514 Spring Harbor Dr

City Columbus State GA Zip Code 31904-9502

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 08 / 22 / 2008  
**Transaction ID:** 81012.C6100  
 Amount of Each Receipt this Period 1300.00

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

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

Mailing Address 83 Vaughn Road

City Newnan State GA Zip Code 30265

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 15 / 2008  
**Transaction ID:** 81012.C6143  
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 83 Vaughn Rd

City Newnan State GA Zip Code 30265-1452

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2008  
**Transaction ID:** 81012.C6142  
 Amount of Each Receipt this Period 800.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 92
	<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)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Long

Mailing Address 83 Vaughn Rd

City Newnan State GA Zip Code 30265-1452

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 09 / 15 / 2008

Transaction ID: 81012.C6141

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Joey Loudermilk

Mailing Address 1186 Mayo Rd

City Ellerslie State GA Zip Code 31807-5442

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

Name of Employer AFLAC, Inc. Occupation President and CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: 81012.C6084

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Alice Mallory

Mailing Address P.O. Box 778

City Fayetteville State GA Zip Code 30214

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt 09 / 15 / 2008

Transaction ID: 81012.C6140

Amount of Each Receipt this Period 1000.00

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

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

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

# 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 40 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Colin Martin		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 7012 Winthrop Ct		Transaction ID: 81012.C6105
	City Columbus	State GA	Zip Code 31904-1920
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Northwestern Mutual	Occupation Financial Rep.	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Jackie Mask		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 297 Brooks Woolsey Rd		Transaction ID: 81012.C6136
	City Fayetteville	State GA	Zip Code 30215-7023
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Virginia Middleton		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 20 Couples Ct		Transaction ID: 81012.C6183
	City Newnan	State GA	Zip Code 30265-2054
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
---	-------------------------------------

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kevin Napier  
Mailing Address 451 Watering Hole Pass  
City Williamson State GA Zip Code 30292-3345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
Date of Receipt 07 / 29 / 2008  
Transaction ID: 81012.C6034  
Amount of Each Receipt this Period 500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bradley Newcomer  
Mailing Address 180 Gladys Ln  
City Fayetteville State GA Zip Code 30215-5768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GA Utility Contractors As- Occupation Director Safety and Education  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **520.00**  
Date of Receipt 09 / 16 / 2008  
Transaction ID: 81012.C6160  
Amount of Each Receipt this Period 20.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jerry Newman  
Mailing Address 1420 Wynnton Rd  
City Columbus State GA Zip Code 31906-2922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Park Properties Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **2000.00**  
Date of Receipt 08 / 22 / 2008  
Transaction ID: 81012.C6104  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **1520.00**  
**TOTAL** This Period (last page this line number only) .....

**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 42 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) David Newton	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 651 Brook Cir	<b>Transaction ID:</b> 81012.C6041
	City State Zip Code Griffin GA 30224-4450	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Employed Real Estate Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Norman	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2021 Brookside Drive	<b>Transaction ID:</b> 81012.C6047
	City State Zip Code Columbus GA 31906-1905	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Artisan Properties Real Estate Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dan Parker	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 2623 Carson Dr	<b>Transaction ID:</b> 81012.C6082
	City State Zip Code Columbus GA 31906-1558	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Kennon and Parker Realtors Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Peirce</p> <p>Mailing Address 1099 Standing Boy Ct</p> <p>City State Zip Code Columbus GA 31904-2215</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 15 / 2008</span></p> <p><b>Transaction ID:</b> 81012.C6081</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James Pope</p> <p>Mailing Address 211 Habersham Pl</p> <p>City State Zip Code Carrollton GA 30117-4153</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Carrollton Surgical Group, P.A. Physician</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 29 / 2008</span></p> <p><b>Transaction ID:</b> 81012.C6211</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Debbie Ragsdale</p> <p>Mailing Address 376 Ebenezer Church Road</p> <p>City State Zip Code Fayetteville GA 30215</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Homemaker</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 15 / 2008</span></p> <p><b>Transaction ID:</b> 81012.C6144</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 92  
(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

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)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harold Rahn

Mailing Address 945 Maple Dr

City State Zip Code  
Griffin GA 30224-4941

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

Name of Employer Occupation  
Norcom, Inc. President and CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2008

Transaction ID: 81012.C6031

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 6001 River Rd Ste 400

City State Zip Code  
Columbus GA 31904-4555

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

Name of Employer Occupation  
Self-Employed Insurance Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

Transaction ID: 81012.C6114

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 201 Flat Creek Tr

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

Transaction ID: 81012.C6133

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce Reid

Mailing Address 806 Maple Dr

City State Zip Code  
Griffin GA 30224-4919

FEC ID number of contributing federal political committee. C

Name of Employer: Ortho & Sports Injury Center  
Occupation: Orthopaedic Surgeon

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81012.C6035

Amount of Each Receipt this Period 500.00

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

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

Mailing Address PO Box 8127

City State Zip Code  
Columbus GA 31908-8127

FEC ID number of contributing federal political committee. C

Name of Employer: Affordable Mortgage  
Occupation: Mortgage Broker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2008  
**Transaction ID:** 81012.C6089

Amount of Each Receipt this Period 250.00

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

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

Mailing Address P.O. Box 2394

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. C

Name of Employer: Ravin Homes, Inc.  
Occupation: General Contractor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 15 / 2008  
**Transaction ID:** 81012.C6138

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

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

Mailing Address PO Box 967

City State Zip Code  
Jackson GA 30233-0021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Atlanta South 75, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2008

**Transaction ID:** 81012.C6028

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 871 Graystone Dr

City State Zip Code  
Columbus GA 31904-4304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pezold Management Co. Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2008

**Transaction ID:** 81012.C6095

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 182 Woods Rd

City State Zip Code  
Brooks GA 30205-1906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2008

**Transaction ID:** 80707.C6013

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 92

(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)  
Westmoreland for Congress

**A.**

Full Name (Last, First, Middle Initial)  
William Smith

Mailing Address 112 Longleaf Way

City State Zip Code  
Pine Mountain GA 31822-2844

FEC ID number of contributing federal political committee. C

Name of Employer  
State of Georgia

Occupation  
Retired Judge

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2008

**Transaction ID:** 80710.C6015

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Edward Sprouse

Mailing Address 2733 Averett Dr

City State Zip Code  
Columbus GA 31906-1550

FEC ID number of contributing federal political committee. C

Name of Employer  
Page, Scrantom, Sprouse et. al

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2008

**Transaction ID:** 81012.C6086

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Donna Stephenson

Mailing Address P.O. Box 43326

City State Zip Code  
Atlanta GA 30336-0326

FEC ID number of contributing federal political committee. C

Name of Employer  
None

Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 81012.C6050

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Stephenson  
Mailing Address PO Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 08 / 01 / 2008  
**Transaction ID:** 81012.C6049  
 Amount of Each Receipt this Period 1300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Winburn Stewart, Jr.  
Mailing Address PO Box 3789

City Macon State GA Zip Code 31205-3789

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

Name of Employer Bibb Distributing Co Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 07 / 2008  
**Transaction ID:** 80707.C6012  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Amy Sweet  
Mailing Address 4 Alpine Dr

City Newnan State GA Zip Code 30263-2606

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2008  
**Transaction ID:** 81012.C6225  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00

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



**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 49 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Melissa Thomas		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address PO Box 2319		Transaction ID: 81012.C6094
	City Columbus	State GA	Zip Code 31902-2319
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer GMB Automotive, LLC.	Occupation Car Dealer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Philip Tomlinson		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 1600 First Avenue		Transaction ID: 81012.C6051
	City Columbus	State GA	Zip Code 31904
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer TSYS	Occupation CEO	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) William Turner		Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address PO Box 140		Transaction ID: 81012.C6020
	City Columbus	State GA	Zip Code 31902-0140
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer None	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brian Upson

Mailing Address 653 Laura Dr

City State Zip Code  
Griffin GA 30224-5315

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

Name of Employer Occupation  
Paragon Consulting Group Principal

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2008

Transaction ID: 81012.C6069

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1 Mountain Ridge Ct

City State Zip Code  
Columbus GA 31904-1968

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

Name of Employer Occupation  
TSYS Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2008

Transaction ID: 81012.C6085

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 152 Hampton Rd

City State Zip Code  
Fayetteville GA 30215-5723

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

Name of Employer Occupation  
Walker Harris Trucking Co. Comptroller

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2008

Transaction ID: 81012.C6210

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Barnard Walker  
Mailing Address 145 Mary Lynn Lane  
City Fayetteville State GA Zip Code 30214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00  
Date of Receipt 09 / 16 / 2008  
Transaction ID: 81012.C6168  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Debra Walker  
Mailing Address 171 County Line Road  
City Fayetteville State GA Zip Code 30215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4600.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: 81013.C6238  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
William Walker  
Mailing Address 171 County Line Rd  
City Fayetteville State GA Zip Code 30215-4621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walker Concrete Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4600.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: 81013.C6239  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4850.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# 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 52 / 92
	<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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Ward	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 4628 Lower Fayetteville Rd	<b>Transaction ID:</b> 81012.C6109
	City State Zip Code Sharpsburg GA 30277-2147	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Real Estate	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cara Welch	Date of Receipt MM / DD / YYYY 07 / 10 / 2008
	Mailing Address 3210 Peeksville Rd	<b>Transaction ID:</b> 80710.C6016
	City State Zip Code Locust Grove GA 30248-2315	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Local Habitat for Humanity	Occupation Chief Development Officer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rick Wessel	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 1836 Broken Bend Dr	<b>Transaction ID:</b> 81012.C6209
	City State Zip Code Westlake TX 76262-8201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Westbury  
Mailing Address 1422 Southworth Dr  
City Griffin State GA Zip Code 30224-8916  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 07 / 29 / 2008  
Transaction ID: 81012.C6030  
Amount of Each Receipt this Period 500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jerry White  
Mailing Address 6825 Copper Oaks Rd  
City Columbus State GA Zip Code 31904-3305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Infantry Foundation Occupation Chairman  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 15 / 2008  
Transaction ID: 81012.C6080  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Barnett Woodruff  
Mailing Address 1909 Carter Ave  
City Columbus State GA Zip Code 31906-1466  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 29 / 2008  
Transaction ID: 81012.C6108  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ► 69480.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 81012.E2887  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

87.69
-------

Purpose of Disbursement  
Payroll Expenses  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL EXPENSES

B.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 81012.E2888  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

120.97
--------

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)  
ADP Easypay Atlanta

Transaction ID: 81012.E2947  
Date of Disbursement

Mailing Address 5680 New Northside Dr NW

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

City Atlanta State GA Zip Code 30328-4668

Amount of Each Disbursement this Period

101.74
--------

Purpose of Disbursement  
Payroll Expenses  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL EXPENSES

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

310.40
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 81012.E2943 Date of Disbursement 08 / 31 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 1531.39
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) ADP Easypay Atlanta	Transaction ID: 81012.E2944 Date of Disbursement 08 / 31 / 2008
	Mailing Address 5680 New Northside Dr NW	Amount of Each Disbursement this Period 93.33
	City Atlanta State GA Zip Code 30328-4668	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSES

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 81012.E2890 Date of Disbursement 07 / 03 / 2008
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 12.95
	City Phoenix State AZ Zip Code 85072-3852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transaction Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRANSACTION FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1637.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2946 Date of Disbursement 08 / 06 / 2008 Amount of Each Disbursement this Period 12.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TRANSACTION FEES</b>
	Category/Type	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2986 Date of Disbursement 09 / 05 / 2008 Amount of Each Disbursement this Period 46.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TRANSACTION FEES</b>
	Category/Type	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Anthem Media, LLC Mailing Address 5524 Bee Cave Rd Ste B5 City West Lake Hills State TX Zip Code 78746-5248 Purpose of Disbursement Video Production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2908 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 19700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>VIDEO PRODUCTION</b>
	Category/Type	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19759.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Anthem Media, LLC  Mailing Address 5524 Bee Cave Rd Ste B5  City West Lake Hills State TX Zip Code 78746-5248  Purpose of Disbursement Video Production Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2950 Date of Disbursement 09 / 07 / 2008  Amount of Each Disbursement this Period 1735.81  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  VIDEO PRODUCTION
B.	Full Name (Last, First, Middle Initial) Anthem Media, LLC  Mailing Address 5524 Bee Cave Rd Ste B5  City West Lake Hills State TX Zip Code 78746-5248  Purpose of Disbursement Media Placement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2961 Date of Disbursement 09 / 19 / 2008  Amount of Each Disbursement this Period 58566.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA PLACEMENT
C.	Full Name (Last, First, Middle Initial) Anthem Media, LLC  Mailing Address 5524 Bee Cave Rd Ste B5  City West Lake Hills State TX Zip Code 78746-5248  Purpose of Disbursement Video Production Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2967 Date of Disbursement 09 / 29 / 2008  Amount of Each Disbursement this Period 8557.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  VIDEO PRODUCTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	68859.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Software</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2905</p> <p>Date of Disbursement 08 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2247.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SOFTWARE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2856</p> <p>Date of Disbursement 07 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 112.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2910</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 115.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>

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

2474.33

**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 59 / 92

<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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 5565 Glenridge Connector NE</p> <p>City Atlanta State GA Zip Code 30342-4756</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2948</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 114.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) B&amp;P Iron Co.</p> <p>Mailing Address 2514 W Point Ave</p> <p>City College Park State GA Zip Code 30337-6210</p> <p>Purpose of Disbursement Rebar</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2966</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 414.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REBAR</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of Coweta</p> <p>Mailing Address PO Box 1218</p> <p>City Newnan State GA Zip Code 30264-1218</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2867</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 3494.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>

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

**4022.93**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) BJs Wholesale Club	Transaction ID: 81012.E2880 Date of Disbursement 07 / 25 / 2008
	Mailing Address 331 Bullsboro Dr	Amount of Each Disbursement this Period 540.68
	City Newnan State GA Zip Code 30263-5841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BP Oil	Transaction ID: 81012.E2875 Date of Disbursement 07 / 25 / 2008
	Mailing Address 501 Westlake Park Blvd	Amount of Each Disbursement this Period 88.90
	City Houston State TX Zip Code 77079-2604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CrystalTech Web Hosting	Transaction ID: 81012.E2883 Date of Disbursement 07 / 25 / 2008
	Mailing Address 1125 W Pinnacle Peak Rd Ste 103	Amount of Each Disbursement this Period 26.95
	City Phoenix State AZ Zip Code 85027-1368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Candidate Name	<b>[MEMO ITEM]</b> MEMO: WEB HOSTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

<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)  
Westmoreland for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Hartsfield Intl Airport City Atlanta State GA Zip Code 30309- Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2873 Date of Disbursement <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>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Amount of Each Disbursement this Period <table border="1"><tr><td>1767.00</td></tr></table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	5	/	2	0	0	8	1767.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	5	/	2	0	0	8													
1767.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Exxon Moblie Mailing Address 1057 West Ave SW City Conyers State GA Zip Code 30012-5243 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2884 Date of Disbursement <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>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Amount of Each Disbursement this Period <table border="1"><tr><td>42.61</td></tr></table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	5	/	2	0	0	8	42.61
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	5	/	2	0	0	8													
42.61																						
<b>C.</b> Full Name (Last, First, Middle Initial) Racetrac Mailing Address 3225 Cumberland Blvd SE Ste 100 City Atlanta State GA Zip Code 30339-6408 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2882 Date of Disbursement <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>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> Amount of Each Disbursement this Period <table border="1"><tr><td>47.99</td></tr></table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	5	/	2	0	0	8	47.99
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	5	/	2	0	0	8													
47.99																						

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Sprayberrys BBQ Mailing Address 229 Jackson St City Newnan State GA Zip Code 30263-1156 Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2881 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 63.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 6545 Highway 54 City Sharpsburg State GA Zip Code 30277-6909 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2876 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
C.	Full Name (Last, First, Middle Initial) The Venetian Mailing Address 3355 Las Vegas Blvd S City Las Vegas State NV Zip Code 89109-8941 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2874 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 477.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES

<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)

<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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 81012.E2918 Date of Disbursement 08 / 19 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 2438.35
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below	SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Caucus Room	Transaction ID: 81013.E2991 Date of Disbursement 08 / 19 / 2008
	Mailing Address 401 9th St NW	Amount of Each Disbursement this Period 357.00
	City Washington State DC Zip Code 20004-2127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense	[MEMO ITEM] MEMO: MEETING EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 81013.E2988 Date of Disbursement 08 / 19 / 2008
	Mailing Address Hartsfield Intl Airport	Amount of Each Disbursement this Period 1553.00
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses	[MEMO ITEM] MEMO: TRAVEL EXPENSES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2438.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Exxon Moblie	Transaction ID: 81013.E2989 Date of Disbursement 08 / 19 / 2008
	Mailing Address 1057 West Ave SW	Amount of Each Disbursement this Period 118.86
	City Conyers State GA Zip Code 30012-5243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81013.E2990 Date of Disbursement 08 / 19 / 2008
	Mailing Address 227 Market Place Connector	Amount of Each Disbursement this Period 222.58
	City Peachtree City State GA Zip Code 30269-3542	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of Coweta	Transaction ID: 81012.E2987 Date of Disbursement 09 / 22 / 2008
	Mailing Address PO Box 1218	Amount of Each Disbursement this Period 15.00
	City Newnan State GA Zip Code 30264-1218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fees Candidate Name	<b>BANK FEES</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15.00
<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 65 / 92

<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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 5701 Lindero Canyon Rd # 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement Transaction Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2889 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRANSACTION FEES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 5701 Lindero Canyon Rd # 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement Transaction Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2945 <b>Date of Disbursement</b> 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 31.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRANSACTION FEES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 5701 Lindero Canyon Rd # 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement Transaction Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2985 <b>Date of Disbursement</b> 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 56.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRANSACTION FEES</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>118.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2854 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2853 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 380.04
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING

C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2865 Date of Disbursement 07 / 25 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 443.22
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1823.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2903 Date of Disbursement 08 / 03 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1037.44
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2914 Date of Disbursement 08 / 14 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 4500.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 81012.E2928 Date of Disbursement 09 / 02 / 2008
	Mailing Address 1775 I St NW Ste 700	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20006-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6537.44
<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)

<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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Brad Bohannon	Transaction ID: 81012.E2886 Date of Disbursement 07 / 31 / 2008
	Mailing Address 70 Southfield Dr	Amount of Each Disbursement this Period 461.75
	City Newnan State GA Zip Code 30265-1911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Brad Bohannon	Transaction ID: 81012.E2900 Date of Disbursement 08 / 03 / 2008
	Mailing Address 70 Southfield Dr	Amount of Each Disbursement this Period 131.60
	City Newnan State GA Zip Code 30265-1911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR MILEAGE

C.	Full Name (Last, First, Middle Initial) Brad Bohannon	Transaction ID: 81012.E2940 Date of Disbursement 08 / 31 / 2008
	Mailing Address 70 Southfield Dr	Amount of Each Disbursement this Period 1717.15
	City Newnan State GA Zip Code 30265-1911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2310.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Carol Brady	Transaction ID: 81012.C6188IK Date of Disbursement 09 / 24 / 2008
	Mailing Address 410 Vanderwall	Amount of Each Disbursement this Period 1500.00
	City Peachtree City State GA Zip Code 30269-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Equipment Rental	IN KIND: EVENT EQUIPMENT RENTAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wes Bruer	Transaction ID: 81012.E2924 Date of Disbursement 08 / 19 / 2008
	Mailing Address 2933 Lynda Ln	Amount of Each Disbursement this Period 415.68
	City Columbus State GA Zip Code 31906-1337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for Mileage	REIMBURSEMENT FOR MILEAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wes Bruer	Transaction ID: 81012.E2941 Date of Disbursement 08 / 31 / 2008
	Mailing Address 2933 Lynda Ln	Amount of Each Disbursement this Period 2215.80
	City Columbus State GA Zip Code 31906-1337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary	SALARY
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4131.48
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Wes Bruer

Mailing Address 2933 Lynda Ln

City Columbus State GA Zip Code 31906-1337

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E2960  
Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

560.64

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

REIMBURSEMENT FOR MILEAGE

B.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E2858  
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

230.09

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

MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Meeting Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E2909  
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

146.67

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

MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

937.40

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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Elizabeth Erickson  Mailing Address 846 Marion Ave SE  City Atlanta State GA Zip Code 30312-3632  Purpose of Disbursement Photography Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2949 Date of Disbursement 09 / 07 / 2008  Amount of Each Disbursement this Period 656.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHOTOGRAPHY
B.	Full Name (Last, First, Middle Initial) Globe Telecommunications  Mailing Address 30 S Court Sq  City Newnan State GA Zip Code 30263-2049  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2852 Date of Disbursement 07 / 01 / 2008  Amount of Each Disbursement this Period 117.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
C.	Full Name (Last, First, Middle Initial) Globe Telecommunications  Mailing Address 30 S Court Sq  City Newnan State GA Zip Code 30263-2049  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2904 Date of Disbursement 08 / 03 / 2008  Amount of Each Disbursement this Period 120.29  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE

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

893.33

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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Globe Telecommunications	Transaction ID: 81012.E2927
	Mailing Address 30 S Court Sq	Date of Disbursement 09 / 02 / 2008
	City Newnan State GA Zip Code 30263-2049	Amount of Each Disbursement this Period 116.20
	Purpose of Disbursement Telephone 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:	Category/Type TELEPHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) William Heard	Transaction ID: 81012.C6187IK
	Mailing Address 1405 Big Eddy Ct	Date of Disbursement 08 / 19 / 2008
	City Columbus State GA Zip Code 31904-1934	Amount of Each Disbursement this Period 1200.00
	Purpose of Disbursement Event Catering 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:	Category/Type IN KIND: EVENT CATERING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Charles Hopkins	Transaction ID: 81012.C6226IK
	Mailing Address 717 S 8th St	Date of Disbursement 09 / 30 / 2008
	City Griffin State GA Zip Code 30224-4818	Amount of Each Disbursement this Period 230.00
	Purpose of Disbursement Event Catering 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:	Category/Type IN KIND: EVENT CATERING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1546.20
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) George Jeter</p> <p>Mailing Address 1222 Broadway Ste 101</p> <p>City Columbus State GA Zip Code 31901-4244</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2870</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 212.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEETING EXPENSE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chip Lake</p> <p>Mailing Address 769 Nob Ridge Dr</p> <p>City Marietta State GA Zip Code 30064-5736</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2885</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 230.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SALARY</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chip Lake</p> <p>Mailing Address 769 Nob Ridge Dr</p> <p>City Marietta State GA Zip Code 30064-5736</p> <p>Purpose of Disbursement Reimbursement for Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2915</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 390.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT FOR MILEAGE</b></p>

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

**833.98**

**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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Chip Lake	Transaction ID: 81012.E2942 Date of Disbursement 08 / 31 / 2008
	Mailing Address 769 Nob Ridge Dr	Amount of Each Disbursement this Period 230.87
	City Marietta State GA Zip Code 30064-5736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

B.	Full Name (Last, First, Middle Initial) Brian Noyles	Transaction ID: 81012.E2934 Date of Disbursement 09 / 03 / 2008
	Mailing Address 3575 Halfmoon Ct NW	Amount of Each Disbursement this Period 250.00
	City Kennesaw State GA Zip Code 30152-5824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Ticket Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT TICKET

C.	Full Name (Last, First, Middle Initial) Phoenix Printers	Transaction ID: 81012.E2868 Date of Disbursement 07 / 25 / 2008
	Mailing Address 4115 Wisconsin Ave NW Ste 110	Amount of Each Disbursement this Period 377.71
	City Washington State DC Zip Code 20016-2849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>858.58</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 75 / 92

<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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Phoenix Printers	Transaction ID: 81012.E2931 Date of Disbursement 09 / 02 / 2008
	Mailing Address 4115 Wisconsin Ave NW Ste 110	Amount of Each Disbursement this Period 389.00
	City Washington State DC Zip Code 20016-2849	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

B.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 81012.E2866 Date of Disbursement 07 / 25 / 2008
	Mailing Address PO Box 27048	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27611-7048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Marketing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MARKETING

C.	Full Name (Last, First, Middle Initial) Premier Mail Company	Transaction ID: 81012.E2926 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO Box 27048	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27611-7048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Marketing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MARKETING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2389.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Professional Data Services  Mailing Address 264 N Lumpkin St # 202  City Athens State GA Zip Code 30601-2742  Purpose of Disbursement Compliance Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2857 Date of Disbursement 07 / 07 / 2008  Amount of Each Disbursement this Period 1500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  COMPLIANCE CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Professional Data Services  Mailing Address 264 N Lumpkin St # 202  City Athens State GA Zip Code 30601-2742  Purpose of Disbursement Compliance Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2871 Date of Disbursement 07 / 28 / 2008  Amount of Each Disbursement this Period 1500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  COMPLIANCE CONSULTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Professional Data Services  Mailing Address 264 N Lumpkin St # 202  City Athens State GA Zip Code 30601-2742  Purpose of Disbursement Compliance Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2933 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 1502.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  COMPLIANCE CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4502.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 81012.E2869 Date of Disbursement 07 / 25 / 2008
	Mailing Address 227 S Washington St Ste 320	Amount of Each Disbursement this Period 269.00
	City Alexandria State VA Zip Code 22314-3625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Polling Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLLING

B.	Full Name (Last, First, Middle Initial) RC Development	Transaction ID: 81012.E2901 Date of Disbursement 08 / 03 / 2008
	Mailing Address 2753 Highway 34 E Ste 2	Amount of Each Disbursement this Period 900.00
	City Newnan State GA Zip Code 30265-2145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT

C.	Full Name (Last, First, Middle Initial) Render Ad Services, Inc.	Transaction ID: 81012.E2919 Date of Disbursement 08 / 19 / 2008
	Mailing Address 111 Hill St	Amount of Each Disbursement this Period 450.49
	City Roswell State GA Zip Code 30075-4538	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement T-Shirts Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		T-SHIRTS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1619.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Spalding Group</p> <p>Mailing Address 2306 Frankfort Ave</p> <p>City Louisville State KY Zip Code 40206-2410</p> <p>Purpose of Disbursement Yard Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2920 <b>Date of Disbursement</b> 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 3029.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>YARD SIGNS</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Stoneridge Group</p> <p>Mailing Address 13010 Morris Road Sixth Floor</p> <p>City Alpharetta State GA Zip Code 30004-</p> <p>Purpose of Disbursement Direct Marketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2872 <b>Date of Disbursement</b> 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DIRECT MARKETING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Stoneridge Group</p> <p>Mailing Address 13010 Morris Road Sixth Floor</p> <p>City Alpharetta State GA Zip Code 30004-</p> <p>Purpose of Disbursement Direct Marketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2923 <b>Date of Disbursement</b> 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1240.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DIRECT MARKETING</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4344.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) The Stoneridge Group	Transaction ID: 81012.E2951 Date of Disbursement 09 / 07 / 2008
	Mailing Address 13010 Morris Road Sixth Floor	Amount of Each Disbursement this Period 1949.64
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Marketing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MARKETING

B.	Full Name (Last, First, Middle Initial) Tennessee Republican Party	Transaction ID: 81012.E2921 Date of Disbursement 08 / 19 / 2008
	Mailing Address 2424 21st Ave S Ste 200	Amount of Each Disbursement this Period 250.00
	City Nashville State TN Zip Code 37212-5315	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bumper Stickers Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BUMPER STICKERS

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81012.E2851 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 77.08
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2276.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2864 <b>Date of Disbursement</b> 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 118.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2902 <b>Date of Disbursement</b> 08 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 76.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2917 <b>Date of Disbursement</b> 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 132.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE</p>

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

327.58

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81012.E2932 Date of Disbursement 09 / 02 / 2008
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 78.10
	City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Candidate Name	CELL PHONE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Wasilchick	Transaction ID: 81012.E2935 Date of Disbursement 09 / 03 / 2008
	Mailing Address 516 Reed St	Amount of Each Disbursement this Period 2957.75
	City Philadelphia State PA Zip Code 19147-5823	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Research Candidate Name	RESEARCH
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joan Westmoreland	Transaction ID: 81012.E2907 Date of Disbursement 08 / 06 / 2008
	Mailing Address 25 Bretts Bnd	Amount of Each Disbursement this Period 151.55
	City Sharpsburg State GA Zip Code 30277-2358	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below-No Itemization Necessary Candidate Name	SEE BELOW-NO ITEMIZATION NECESSARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3187.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
Willis Consulting

Transaction ID: 81012.E2855  
Date of Disbursement

Mailing Address 3126 Bransford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

City Augusta State GA Zip Code 30909-3008

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting

Category/ Type
-------------------

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

Candidate Name

FUNDRAISING CONSULTING

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Willis Consulting

Transaction ID: 81012.E2906  
Date of Disbursement

Mailing Address 3126 Bransford Rd

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

City Augusta State GA Zip Code 30909-3008

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting

Category/ Type
-------------------

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

Candidate Name

FUNDRAISING CONSULTING

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Willis Consulting

Transaction ID: 81012.E2930  
Date of Disbursement

Mailing Address 3126 Bransford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

City Augusta State GA Zip Code 30909-3008

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting

Category/ Type
-------------------

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

Candidate Name

FUNDRAISING CONSULTING

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00
---------

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

144155.75
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 92

<input type="checkbox"/>	17	<input checked="" 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)  
Westmoreland for Congress

A.

Full Name (Last, First, Middle Initial)  
National Republican Congressional Comm.

Transaction ID: 81012.E2860  
Date of Disbursement

Mailing Address 320 1st St SE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

70000.00
----------

Purpose of Disbursement  
Transfer of Excess Campaign Funds

--

Category/  
Type

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

Candidate Name  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

70000.00
----------

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

70000.00
----------

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Austria for Congress</p> <p>Mailing Address 2537 Obetz Dr</p> <p>City Dayton State OH Zip Code 45434-6956</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVE C. AUSTRIA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2959</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michelle Bachmann for Congress</p> <p>Mailing Address PO Box 49756</p> <p>City Minneapolis State MN Zip Code 55449-0756</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHELE M BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2895</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeb Bradley for Congress</p> <p>Mailing Address 645 S Main St</p> <p>City Wolfeboro State NH Zip Code 03894-4419</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOSEPH E BRADLEY, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2955</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2500.00

**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 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Chabot for Congress</p> <p>Mailing Address 3341 Harrison Ave</p> <p>City Cincinnati State OH Zip Code 45211-5511</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVE CHABOT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2892</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coweta Community &amp; Civic Council</p> <p>Mailing Address 60 Brown Ridge Dr</p> <p>City Newnan State GA Zip Code 30263-1851</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2891</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tom Feeny for Congress</p> <p>Mailing Address 1420 Alafaya Trl Ste 103</p> <p>City Oviedo State FL Zip Code 32765-4506</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name TOM FEENEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2894</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Westmoreland for Congress

A.	Full Name (Last, First, Middle Initial) Fulton Co. GOP	Transaction ID: 81012.E2965 Date of Disbursement 09 / 29 / 2008
	Mailing Address 5920 Roswell Rd NE Ste B115	Amount of Each Disbursement this Period 250.00
	City Sandy Springs State GA Zip Code 30328-4926	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Georgia Christian Alliance	Transaction ID: 81012.E2964 Date of Disbursement 09 / 29 / 2008
	Mailing Address 8975 Roswell Rd	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 30350-1849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DONATION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Georgia Victory 2008	Transaction ID: 81012.E2861 Date of Disbursement 07 / 14 / 2008
	Mailing Address PO Box 550008	Amount of Each Disbursement this Period 10000.00
	City Atlanta State GA Zip Code 30355-2508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Westmoreland for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Hackett for Congress  Mailing Address 23 Dallas Village Shopping Ctr  City Dallas State PA Zip Code 18612-1231  Purpose of Disbursement CONTRIBUTION  Candidate Name CHRISTOPHER LAWRENCE HACKETT  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2954 Date of Disbursement 09 / 12 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress  Mailing Address PO Box 1441  City Topeka State KS Zip Code 66601-1441  Purpose of Disbursement CONTRIBUTION  Candidate Name LYNN JENKINS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2956 Date of Disbursement 09 / 19 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Manion for Congress  Mailing Address PO Box 28  City Doylestown State PA Zip Code 18901-0028  Purpose of Disbursement CONTRIBUTION  Candidate Name TOM MANION  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E2952 Date of Disbursement 09 / 12 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) John McCain 2008</p> <p>Mailing Address PO Box 16118</p> <p>City Arlington State VA Zip Code 22215-1118</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN S MCCAIN</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2912</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McCain Victory 2008</p> <p>Mailing Address 228 S Washington St Ste 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MCCAIN VICTORY 2008</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2913</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Musgrave for Congress</p> <p>Mailing Address 5401 Stone Creek Cir Unit 777</p> <p>City Loveland State CO Zip Code 80538-7022</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MARILYN MUSGRAVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2893</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

6500.00

**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 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wayne Parker for Congress</p> <p>Mailing Address PO Box 16135</p> <p>City Huntsville State AL Zip Code 35802-1663</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name WAYNE PARKER, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2957</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROMP II 2008</p> <p>Mailing Address 228 S Washington St Ste 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROMP II 2008</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2859</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tom Rooney for Congress</p> <p>Mailing Address 2336 S East Ocean Blvd #313</p> <p>City Stuart State FL Zip Code 34996-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name THOMAS JOSEPH ROONEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2958</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

7000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Roskam for Congress</p> <p>Mailing Address PO Box 713</p> <p>City Wheaton State IL Zip Code 60189-0713</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PETER ROSKAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2896</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Ryun for Congress</p> <p>Mailing Address PO Box 826</p> <p>City Topeka State KS Zip Code 66601-0826</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JAMES R RYUN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2863</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sali for Congress</p> <p>Mailing Address PO Box 71</p> <p>City Kuna State ID Zip Code 83634-0071</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name WILLIAM T. SALI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ID District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2897</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2000.00

**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 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steele for Maryland</p> <p>Mailing Address PO Box 365</p> <p>City Mc Lean State VA Zip Code 22101-0365</p> <p>Purpose of Disbursement DEBT RETIREMENT</p> <p>Candidate Name MICHAEL STEELE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2936</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Teen PACT</p> <p>Mailing Address PO Box 9</p> <p>City Jefferson State GA Zip Code 30549-0009</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2922</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Treadwell for Congress</p> <p>Mailing Address PO Box 685</p> <p>City Saratoga Springs State NY Zip Code 12866-0685</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SANDY TREADWELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2953</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3800.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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)  
Westmoreland for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Walberg for Congress</p> <p>Mailing Address 6769 Teachout Rd</p> <p>City Tipton State MI Zip Code 49287-9807</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name TIMOTHY WALBERG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2898</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wellspring Living</p> <p>Mailing Address 140 Howell Rd Ste C2</p> <p>City Tyrone State GA Zip Code 30290-2095</p> <p>Purpose of Disbursement DONATION</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E2925</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1500.00

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

38550.00