

05 AUG 16 AM 10:40

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12PE4M5

HOLLINGS FOR SENATE

ADDRESS (number and street)

PO BOX 30906

Check if different than previously reported. (ACC)

CHARLESTON

SC

29417

2. FEC IDENTIFICATION NUMBER ▼

C00028332

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

04 / 01 / 2005

through

06 / 30 / 2005

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

Claude Barlowin

Signature of Treasurer

Claude Barlowin

Date

07 / 11 / 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period: From **04 / 01 / 2005** To **06 / 30 / 2005**

| | 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(a)) | 0.00 | 1,613,257.70 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 232,050.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 0.00 | 1,381,207.70 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 1,292,153 | 546,642.32 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 24,483.27 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 1,292,153 | 522,159.05 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 271,189.11 | |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period: From: **04 01 2005**

To: **06 30 2005**

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (see Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals | 0.00 | 898,257.71 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 697,175.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(i)(ii), (b), (c), and (d)) | 0.00 | 1,595,432.71 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 24,483.27 |
| 15. OTHER RECEIPTS (Dividends, interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 0.00 | 1,619,915.90 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 12,931.53 | 808,252.94 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 175,000.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans..... | 2.00 | 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 | 142,600.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 90,500.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 233,100.00 |
| 21. OTHER DISBURSEMENTS..... | 7,000.00 | 258,500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 19,931.53 | 1,476,852.90 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 291,120.64 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 291,120.64 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 19,931.53 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 271,189.11 |

**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 5 OF 10 | |
| | <input type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 19b <input type="checkbox"/> 21 |

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

NAME OF COMMITTEE (in Full)
HOLLINGS FOR SENATE

A. RICHARD FIELD SCHOLARSHIP FUND

Date of Disbursement: 05/20/2005

Amount of Each Disbursement this Period: 1000.00

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

Category/Type: 012

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Full Name (Last, First, Middle Initial): _____

Mailing Address: C/O COLLEGE OF CHARLESTON

City: CHARLESTON State: SC Zip Code: 29401

Purpose of Disbursement: DONATION

Candidate Name: _____

B. GRADY PATTERSON CAMPAIGN

Date of Disbursement: 05/20/2005

Amount of Each Disbursement this Period: 1000.00

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

Category/Type: 012

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: SC District: _____

Full Name (Last, First, Middle Initial): _____

Mailing Address: P.O. BOX 1161

City: COLUMBIA State: SC Zip Code: 29211

Purpose of Disbursement: CONTRIBUTION (POLITICAL)

Candidate Name: GRADY PATTERSON

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: SC District: _____

C. MARYLAND DEMOCRATIC PARTY

Date of Disbursement: 04/09/2005

Amount of Each Disbursement this Period: 1000.00

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

Category/Type: 012

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Full Name (Last, First, Middle Initial): _____

Mailing Address: 188 MAIN ST SUITE 1

City: ANNAPOLIS State: MD Zip Code: 21401

Purpose of Disbursement: DONATION

Candidate Name: _____

SUBTOTAL of Disbursements This Page (optional): 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)

HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial)

A. JOE BIDEN CAMPAIGN

Mailing Address

24 NW FRONT ST

City

MILFORD

State

DE

Zip Code

19963

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JOE BIDEN

012
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 20 2005

Amount of Each Disbursement this Period

2,000.00

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

B. JOE BIDEN CAMPAIGN

Mailing Address

24 NW FRONT ST

City

MILFORD

State

DE

Zip Code

19963

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JOE BIDEN

012
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 21 2005

Amount of Each Disbursement this Period

2,000.00

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4,000.00

7,000.00

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

| | | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 7 OF 10 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | | |

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. VICTOR KIRK | | Date of Disbursement 04 / 02 / 2005 |
| Mailing Address 144 DUDDINGTON PLACE SE | | Amount of Each Disbursement this Period 395.58 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement CONSULTING | | |
| Candidate Name | | Category/Type 0.01 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. JAMI KOONTZ | | Date of Disbursement 04 / 08 / 2005 |
| Mailing Address 200 EAST BAY ST | | Amount of Each Disbursement this Period 275.59 |
| City CHARLESTON | State SC | |
| Zip Code 29401 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Office Supplies | | |
| Candidate Name | | Category/Type 0.01 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. SGWS LLC | | Date of Disbursement 05 / 15 / 2005 |
| Mailing Address 5995 W. TIM BILTON BLVD | | Amount of Each Disbursement this Period 8000.00 |
| City ST. GEORGE | State SC | |
| Zip Code 29477 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement ACCOUNTING FEE | | |
| Candidate Name | | Category/Type 0.01 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | |
| State: | District: | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8671.17 |
| 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 8 OF 10 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (in Full)
HOLLINGS FOR SENATE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BELL SOUTH | | Date of Disbursement 05/14/2005 |
| Mailing Address P.O. BOX 33009 | | Amount of Each Disbursement this Period 809.8 |
| City CHARLOTTE | State NC | |
| Zip Code 28243 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement TELEPHONE | | |
| Candidate Name | | Category/Type 0.0.1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BELL SOUTH | | Date of Disbursement 06/06/2005 |
| Mailing Address P.O. BOX 33009 | | Amount of Each Disbursement this Period 809.3 |
| City CHARLOTTE | State NC | |
| Zip Code 28243 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement TELEPHONE | | |
| Candidate Name | | Category/Type 0.0.1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BANK OF AMERICA | | Date of Disbursement 04/19/2005 |
| Mailing Address P.O. BOX 85350 | | Amount of Each Disbursement this Period 1,189.93 |
| City LOUISVILLE | State KY | |
| Zip Code 40285 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement TRAVEL | | |
| Candidate Name | | Category/Type 0.0.1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ | District: _____ | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) _____ ▶ | 1,351.74 |
| 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 9 OF 10 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 18a 20c | <input type="checkbox"/> 18b 21 | | |

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NAME OF COMMITTEE (in Full)
HOLLINGS FOR SENATE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. S.C. SCHOOL FOR DEAF & BLIND | | Date of Disbursement 04 28 2005 |
| Mailing Address 355 CEDAR SPRING ST | | Amount of Each Disbursement this Period 1,581.50 |
| City SPARTANBURG | State SC | |
| Zip Code 29302 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement PRINTING & MAILING | | |
| Candidate Name | | Category/Type DDI |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BANK OF AMERICA | | Date of Disbursement 05 14 2005 |
| Mailing Address P.O. Box 85350 | | Amount of Each Disbursement this Period 3.00 |
| City LOUISVILLE | State KY | |
| Zip Code 40285 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement FEE (CREDIT CARD) | | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BANK OF AMERICA | | Date of Disbursement 05 20 2005 |
| Mailing Address P.O. Box 85350 | | Amount of Each Disbursement this Period 1,298.12 |
| City LOUISVILLE | State KY | |
| Zip Code 40285 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement CONSTITUENT ENTERTAINMENT | | |
| Candidate Name | | Category/Type DDI |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2,882.62 |
| 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 1 OF 10 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

A. FED EX

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 371461**

City: **PITTSBURGH** State: **PA** Zip Code: **15258**

Purpose of Disbursement: **POSTAGE - SHIPMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **04 28 2005**

Amount of Each Disbursement this Period: **26.00**

Category/Type: **0.01**

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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

SUBTOTAL of Disbursements This Page (optional) **26.00**

TOTAL This Period (last page this line number only) **12,931.53**

25020350485
25020350485

30906
STON SC 29417

X-RAMP
BY THE
POST OFFICE

OFFICE OF PUBLIC RECORDS
PO Box 5109
ALEXANDER VA 22230-0109

7005 0390 0003 1038 6645

PLEASE STICKER AT TOP OF PAGE LEAD TO THE FRONT
OF THE RETURN ADDRESS FIELD AT CONTACT LINE
CERTIFIED MAIL™



7005 0390 0003 1038 6645



UNITED STATES
POSTAL SERVICE

0000



U.S. POSTAGE
PAID
CHARGE ESTIMATED BY SC
RUX 25407
RNDUNT

\$3.13

PROVIDER-03

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0927

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

8-11-05

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

glw

DATE PREPARED

8-16-05

25020350487
25020350487

