

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

Norwood for	C00287367	030800	
ADDRESS (num.)	MR ABRAHAM J SEROTTA		
PO Box 499	NORWOOD FOR CONGRESS		
CITY, STATE and	P O BOX 499	GA 30809	
Evans, GA 3	EVANS		

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

IDENTIFICATION NUMBER
3287367

2000 APR 17 10 3 24

THIS REPORT AN AMENDMENT?
YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election)
- July 15 Quarterly Report election on _____ in the State of _____
- October 15 Quarterly Report Thirtieth day report following the General Election on
- January 31 Year End Report _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
01/01/2000 through 03/31/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	101,922.21	101,922.21
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	101,922.21	101,922.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53,046.75	53,046.75
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	53,046.75	53,046.75
8. Cash on Hand at Close of Reporting Period (from Line 27)	585,944.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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 Abram Serotta	Date 14 APR 00
Signature of Treasurer	

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

Detailed Summary Page

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Norwood for Congress	Report Covering the Period:	
	From: 01/01/2000	To: 03/31/2000
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	47,515.88	
(ii) Unitemized	26,303.00	
(iii) Total of contributions from individual	73,818.88	73,818.88
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	28,103.33	28,103.33
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	101,922.21	101,922.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	5,429.42	5,429.42
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	107,351.83	107,351.63
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	53,046.75	53,046.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	15,000.00	15,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	68,046.75	68,046.75
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		546,839.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		107,351.63
25. SUBTOTAL (add Line 23 and Line 24)		653,990.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		68,046.75
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		585,944.07

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Jack Carter 3534 Pebble Beach Drive Augusta, GA 30907-9520 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Orthodontist	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 200.00
Aggregate Year-to-Date -> 200.00			
B. Full Name, Mailing Address and Zip Code Jack Carter 3534 Pebble Beach Drive Augusta, GA 30907-9520 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Orthodontist	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 100.00
Aggregate Year-to-Date -> 300.00			
C. Full Name, Mailing Address and Zip Code Patricia Palmer 3553 Wheeler Road Augusta, GA 30908-6500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist	Date (month, day, year) 01/04/2000	Amount of Each Receipt this Period 100.00
Aggregate Year-to-Date -> 100.00			
D. Full Name, Mailing Address and Zip Code Patricia Palmer 3553 Wheeler Road Augusta, GA 30909-6500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist	Date (month, day, year) 01/04/2000	Amount of Each Receipt this Period 200.00
Aggregate Year-to-Date -> 300.00			
E. Full Name, Mailing Address and Zip Code Patricia Palmer 3553 Wheeler Road Augusta, GA 30909-6500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 200.00
Aggregate Year-to-Date -> 500.00			
F. Full Name, Mailing Address and Zip Code John Sieweke 740 River Cove Road Social Circle, GA 30279- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 200.00
Aggregate Year-to-Date -> 200.00			
G. Full Name, Mailing Address and Zip Code John Freihout 5546 Waterford Green Glen Marietta, GA 30068-2930 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 300.00
Aggregate Year-to-Date -> 300.00			

SUBTOTAL of Receipts This Page (optional)	1,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (In Full)
Norwood for Congress

<p>A. Full Name, Mailing Address and Zip Code John Freibant 5546 Waterford Green Glen Marietta, GA 30068-2930</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 550.00</p>	<p>Date (month, day, year) 03/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code David Goodchild 2241 Whitfield Drive Atlanta, GA 30338-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 02/29/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and Zip Code James Sandlin 1685 Hwy. 120 Lawrenceville, GA 30043-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 01/31/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code James Sandlin 1685 Hwy. 120 Lawrenceville, GA 30043-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 03/30/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gordon Austin 819 Dixie Street Carrollton, GA 30117-4415</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Oral Surgeon</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 01/11/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gordon Austin 819 Dixie Street Carrollton, GA 30117-4415</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Oral Surgeon</p> <p>Aggregate year-to-Date -> 500.00</p>	<p>Date (month, day, year) 03/15/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lee Hawkins 4710 Jim Hood Road Gainesville, GA 30506-2832</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 01/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

1,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

The separate schedule(s) for each category of the detailed Summary Page	PAGE	OF
	3	18
FOR LINE NUMBER		11(a) (i)

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NAME OF COMMITTEE (In Full)
 Norwood for Congress

A. Full Name, Mailing Address and Zip Code Jerry Capps 703 Powers Ferry Rd. SE apt. 302 Marietta, GA 30067-7189 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 200.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and Zip Code Eugena Williamson PO Box 569 Evans, GA 30803-0565 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed Occupation Orthodontist Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Walter Stewart 4930 Johnson Ferry Road, Suite 490 Atlanta, GA 30142- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 200.00	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and Zip Code Stacy Story 2231 Cumming Road Augusta, GA 30904-4336 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Anesthesiologist Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/28/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code John Farris 942 Main Street Red Hill, PA 18076-1339 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 500.00	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Daniel Smoak 609 Trafalgar Lane Augusta, GA 30909-3331 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Smoak's Bakery Occupation Owner Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Myron Collins 920 Almond Place East Augusta, GA 30909-3220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/09/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,650.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Jerry Hardin 3484 Evans to Lock Road Martinez, GA 30907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Westinghouse Occupation Engineer Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/18/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Jerry Hardin 1484 Evans to Lock Road Martinez, GA 30907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Westinghouse Occupation Engineer Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Michael Hagler 2815 Lombardy Court Augusta, GA 30909-3901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Fulcher, Hagler, Reed, Hanks Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Vinod Shalla 3541 Westlake Drive Augusta, GA 30907-8931 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 01/04/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Charles Wirsing 3413 Wheeler Drive Augusta, GA 30909-1841 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 02/17/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Fred Keohedy 18 Wristlecone Way Augusta, GA 30909-4535 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Investment Broker Aggregate Year-to-Date -> 750.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 750.00
G. Full Name, Mailing Address and Zip Code Joe Still Post Office Box 3726 Augusta, GA 30914-3762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Phys Multi Specialty Group Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Jeff Kincaid 1090 Brockaglen Drive Roswell, GA 30075-1372 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer North Georgia Orthodontics Occupation Orthodontist Date (month, day, year) 03/28/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code David Byrd 460 Byrd Road Evans, GA 30809-2460 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Southern Beverage Packers Occupation President Date (month, day, year) 02/09/2000 Aggregate Year-to-Date -> 200.00	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and Zip Code Richard Munn 2612 Apricot Lane Augusta, GA 30904-3317 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/30/2000 Occupation Retired Aggregate Year-to-Date -> 200.00	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and Zip Code George Powell 1717 Kings Court Grovetown, GA 30813-9783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Date (month, day, year) 03/14/2000 Occupation Physician Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code David Allen 5090 Chastleton Drive Stone Mountain, GA 30087-1440 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Date (month, day, year) 01/12/2000 Occupation Oral Surgeon Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Fredericka Flynt 2216 Cumming Road Augusta, GA 30904-4036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Augusta College Date (month, day, year) 02/09/2000 Occupation Coordinator of Cont.Ed Aggregate Year-to-Date -> 925.00	Amount of Each Receipt this Period 925.00
G. Full Name, Mailing Address and Zip Code Armand Karow 1100 Emmett Street Augusta, GA 30904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Date (month, day, year) 03/02/2000 Occupation Physician Aggregate Year-to-Date -> 1,300.00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,075.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Norwood for Congress

A. Full Name, Mailing Address and Zip Code Roger Swingle 380 Westview Drive Athens, GA 30606-4640 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Physician Date (month, day, year) 03/31/2000 Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date -> 200.00
B. Full Name, Mailing Address and Zip Code Dudley Moore 4401 Northside Parkway Suite 500 Atlanta, GA 30327-3057 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Moore Investment Group Occupation CEO Date (month, day, year) 03/28/2000 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
C. Full Name, Mailing Address and Zip Code Hector Lopez 1572 Adrian Drive Riverdale, GA 30286-2002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Date (month, day, year) 01/13/2000 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
D. Full Name, Mailing Address and Zip Code Douglas Duncan 1318 Pebbles Beach Drive Martinez, GA 30907-9520 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Golf Augusta Occupation Owner Date (month, day, year) 01/18/2000 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
E. Full Name, Mailing Address and Zip Code Walton Hardin Post Office Drawer 100 Washington, GA 30673 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Attorney Date (month, day, year) 01/20/2000 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
F. Full Name, Mailing Address and Zip Code James Harrison 2618 Henry Street Augusta, GA 30904-4656 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Real Estate Broker Date (month, day, year) 02/29/2000 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
G. Full Name, Mailing Address and Zip Code Mark Ellison 1021 Brookview Drive Athens, GA 30606- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Urology Clinic Occupation Physician Date (month, day, year) 01/04/2000 Amount of Each Receipt this Period 400.00 Aggregate Year-to-Date -> 400.00

SUBTOTAL of Receipts This Page (optional)	2,600.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Loren Hudspeth 304 Wakefield Lane N Martinez, GA 30907-8920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer 3RS-Westinghouse	Date (month, day, year) 02/15/2000	Amount of Each Receipt this Period 200.00
	Occupation Supervisor	Aggregate Year-to-Date -> 200.00	
B. Full Name, Mailing Address and Zip Code Loren Hudspeth 304 Wakefield Lane N Martinez, GA 30907-8920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer 3RS-Westinghouse	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 100.00
	Occupation Supervisor	Aggregate Year-to-Date -> 300.00	
C. Full Name, Mailing Address and Zip Code Dante Stephensen 3380 Peachtree Road NE Atlanta, GA 30326-1021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dante's Down The Hatch	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 400.00
	Occupation OWNER	Aggregate Year-to-Date -> 400.00	
D. Full Name, Mailing Address and Zip Code J. Walter Sheffield 4570 Fall Pines Drive Atlanta, GA 30327- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 200.00
	Occupation Dentist	Aggregate Year-to-Date -> 200.00	
E. Full Name, Mailing Address and Zip Code George Thomas 810 Cherokee Circle Waycross, GA 31501-5243 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 03/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Dentist	Aggregate Year-to-Date -> 250.00	
F. Full Name, Mailing Address and Zip Code Lynne Brannon 3819 Inverness Way Martinez, GA 30907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University Medical Assoc.	Date (month, day, year) 01/18/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date -> 250.00	
G. Full Name, Mailing Address and Zip Code Kenneth McDonald 612 Scotts Way Augusta, GA 30909- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 02/15/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional)	1,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Charles Green 3922 Inverness Way Martinez, GA 30907- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University Hospital	Date (month, day, year) 01/13/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician Aggregate Year-to-Date -> 100.00		
B. Full Name, Mailing Address and Zip Code Charles Green 3922 Inverness Way Martinez, GA 30907- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University Hospital	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Charles Green 3922 Inverness Way Martinez, GA 30907- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer University Hospital	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician Aggregate Year-to-Date -> 300.00		
D. Full Name, Mailing Address and Zip Code Michael Congour The Congour Group 227 Massachusetts Ave, NE Ste 1 Washington, DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Congour Group	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney Aggregate Year-to-Date -> 250.00		
E. Full Name, Mailing Address and Zip Code Lewis Jordan 610 Wingspread Peachtree City, GA 30269- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wingspread Enterprises	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 200.00
	Occupation Chairman Aggregate Year-to-Date -> 200.00		
F. Full Name, Mailing Address and Zip Code Clyde Evans 3 Creekwood Drive Dublin, GA 31021- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Evans Cabinet Corp.	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Owner Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code James Hilburn Post Office Box 248 Dublin, GA 31021-6709 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Jones, Hilburn & Claxton	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 200.00
	Occupation Attorney Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)

1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
11(a)(i)		

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Linda Jones 1213 Walker Dairy Road Dublin, GA 31021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Homemaker Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code James Hicks 1969 Folly Lake Dr Thomson, GA 30824- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Timbermen, Inc. Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
	Occupation CEO Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Cecil Hodges 609 Kinney Street Drawer B Sandersville, GA 31082- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 200.00
	Occupation Tree Farmer Aggregate Year-to-Date -> 200.00	
D. Full Name, Mailing Address and Zip Code John Coggins Post Office Box 663 Elberton, GA 30635 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired Aggregate Year-to-Date -> 250.00	
E. Full Name, Mailing Address and Zip Code Sibley Bryant Box 107 Union Point, GA 30669-0207 Receipt For: <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Chipman-Union, Inc. Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 200.00
	Occupation Executive Aggregate Year-to-Date -> 200.00	
F. Full Name, Mailing Address and Zip Code Ben Tarbutton Post Office Box 269 Sandersville, GA 31082- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Sandersville Railroad Co. Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Vice President Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code Warren Camp 2284 Hwy 212W Monticello, GA 31064- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 250.00
	Occupation Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)	3,150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

<p>A. Full Name, Mailing Address and Zip Code Spratt Bullock PO Box 127 Hull, GA 30646-0127</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Smith-Boley-Brown</p> <p>Occupation Insurance Agent</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 03/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Henry Terwilliger 594 Grande Creek Road Swainsboro, GA 30401-9555</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Terwilligers Auto Sales</p> <p>Occupation Tire Dealer</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 03/14/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Richard Smith 309 E. Paces Ferry Road, N.E. Suite 711 Atlanta, GA 30305-2309</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 01/20/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard Smith 309 E. Paces Ferry Road, N.E. Suite 711 Atlanta, GA 30305-2309</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 02/24/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and Zip Code Richard Smith 309 E. Paces Ferry Road, N.E. Suite 711 Atlanta, GA 30305-2309</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 02/24/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Edington 1202 Essex Manor Court Alexandria, VA 22308-1000</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Edington Peel and Associates</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 03/23/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Kim Lombardy 4224 Quail Springs Circle Martinez, GA 30907-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Chiropractor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 02/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

2,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Norwood for Congress			
A. Full Name, Mailing Address and Zip Code Lee Muns 154 Maple Creek Drive Martinez, GA 30907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Muns Welding and Mechanical Occupation CFO Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/18/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Braye Boardman Post Office Box 3366 Augusta, GA 30914- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Boardman Petroleum, Inc. Occupation Vice President Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/09/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Charles Rivers 34 Conifer Lane Augusta, GA 30909- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First Union National Bank Occupation Banker Aggregate Year-to-Date -> 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Sam Rabun 4229 Horseshoe Road Louisville, GA 30494- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Ag/Forestry Producer Aggregate Year-to-Date -> 250.00	Date (month, day, year) 00/23/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code William Brigham One 10th Street, Suite 610 Augusta, GA 30901- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Brigham Properties, Inc. Occupation Owner Aggregate Year-to-Date -> 200.00	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and Zip Code Danny Hoffs 213 Wellington Drive Dublin, GA 31021- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Pathologist Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Clayton Boardman 2150 Battle Row Augusta, GA 30904-3575 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Boardman Petroleum, Inc. Occupation CEO Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

<p>A. Full Name, Mailing Address and Zip Code David McLeod 2816 Hillcrest Avenue Augusta, GA 30909-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Rest GA Supply</p> <p>Occupation Distributor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 01/18/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Dougherty 206 Westchester Drive Griffin, GA 30223-8300</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Orthodontist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 01/12/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Charles Onstead Post Office Box 113 Aiken, SC 29802-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 03/28/2000</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>D. Full Name, Mailing Address and Zip Code Darryl Kerr 140 Lenox Pkwy. Martinez, GA 30907-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Kerr Business College</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 01/11/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Logan Nolley 3643 Walton Way Etc. Augusta, GA 30909-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 01/18/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code James Bulken 4425 Pierwood Way Evans, GA 30609-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer United States Army</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 03/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Patrick Blanchard 2802 Hillcrest Avenue Augusta, GA 30909-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer First Bank</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 01/18/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>

SUBTOTAL of Receipts This Page (optional)

1,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Marie McFarland 1122 Ascott Valley Drive Duluth, GA 30155-	Name of Employer Self	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Periodontist	Aggregate Year-to-Date -> 500.00	
B. Full Name, Mailing Address and Zip Code Leslie Smith 309 East Faces Ferry Rd, NE, Suite 711 Atlanta, GA 30305-	Name of Employer Self	Date (month, day, year) 01/04/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year-to-Date -> 100.00	
C. Full Name, Mailing Address and Zip Code Leslie Smith 309 East Faces Ferry Rd, NE, Suite 711 Atlanta, GA 30305-	Name of Employer Self	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year-to-Date -> 200.00	
D. Full Name, Mailing Address and Zip Code Kenneth Hoose 2675 North Decatur Road, Suite 607 Decatur, GA 30033-	Name of Employer Self	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Doctor	Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code Joan Ludwig 1040 Cherokee Bluff Greensboro, GA 30642-	Name of Employer Self	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Real Estate Broker	Aggregate Year-to-Date -> 200.00	
F. Full Name, Mailing Address and Zip Code Arthur Besser 205 Hunters Hill Court Macon, GA 31210-	Name of Employer Disabled	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Pediatric Surgeon	Aggregate Year-to-Date -> 200.00	
G. Full Name, Mailing Address and Zip Code Dixie Thigpen 510 Regent Place Augusta, GA 30909-	Name of Employer Self	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)	2,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Susan Still Post Office Box 3726 Augusta, GA 30904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Ecmemaker Date (month, day, year) 02/09/2000 Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Nancy Moore 720 Revue Road Augusta, GA 30909- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Date (month, day, year) 03/29/2000 Aggregate Year-to-Date -> 200.00	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and Zip Code Lillian Wilkie 3531 Stevens Way Martinez, GA 30907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Date (month, day, year) 01/04/2000 Aggregate Year-to-Date -> 250.00	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Robert Kirby 3017 Bransford Road Augusta, GA 30909- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Castleberry/Snow Brands Occupation Chairman & CEO Date (month, day, year) 03/23/2000 Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Kim Wirsing 3413 Wheeler Drive Augusta, GA 30909- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Date (month, day, year) 02/17/2000 Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code John Long 2242 Pickens Road Augusta, GA 30904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dye, Tucker, Everett et al Occupation Attorney Date (month, day, year) 01/27/2000 Aggregate Year-to-Date -> 440.88	Amount of Each Receipt this Period 440.88 IN-KIND
G. Full Name, Mailing Address and Zip Code John Long 2242 Pickens Road Augusta, GA 30904- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Dye, Tucker, Everett et al Occupation Attorney Date (month, day, year) 01/27/2000 Aggregate Year-to-Date -> 940.88	Amount of Each Receipt this Period 500.00 IN-KIND

SUBTOTAL of Receipts This Page (optional)	4,390.88
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 principal contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Craig Walker 1133 Cross Street Fort Oglethorpe, GA 30742-	Name of Employer Self	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist	Aggregate Year-to-Date -> 250.00	
B. Full Name, Mailing Address and Zip Code Walker Ray 1462 Montreal Road, Suite 411 Tucker, GA 30084-	Name of Employer Self	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 100.00	
C. Full Name, Mailing Address and Zip Code Walker Ray 1462 Montreal Road, Suite 411 Tucker, GA 30084-	Name of Employer Self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 200.00	
D. Full Name, Mailing Address and Zip Code Harvey Sanders 2 Huntington Place Waynesboro, GA 30830-	Name of Employer Medical Specialists Inc.	Date (month, day, year) 02/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 500.00	
E. Full Name, Mailing Address and Zip Code Anne Sullivan 2131 Gardner Street Augusta, GA 30904-	Name of Employer Retired	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 250.00	
F. Full Name, Mailing Address and Zip Code Pamela Barrett 412 Scotts Way Augusta, GA 30909-	Name of Employer Barrokk Turbine Engine Co.	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President & Owner	Aggregate Year-to-Date -> 250.00	
G. Full Name, Mailing Address and Zip Code Fernance Perry 2660 Peachtree Road, 26E & F Atlanta, GA 30305-	Name of Employer Bermuda Broadcasting Ltd.	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Owner	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	2,450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Norwood for Congress

A. Full Name, Mailing Address and Zip Code Betty Hampton 389 Lincoln Drive NW Gainesville, GA 30506- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 200.00
	Aggregate Year-to-Date -> 200.00		
B. Full Name, Mailing Address and Zip Code Thomas Muller 1217 Abercrombie Drive Rome, GA 30165- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 200.00
	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Charles Hubbard 218 Raperham Place Carrollton, GA 30117- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Carrollton Orthopaedics	Date (month, day, year) 01/13/2000	Amount of Each Receipt this Period 200.00
	Aggregate Year-to-Date -> 200.00		
D. Full Name, Mailing Address and Zip Code Larry Boss 517 Leslie Drive Villa Rica, GA 30180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer W.G. Family Medical Assoc.	Date (month, day, year) 01/20/2000	Amount of Each Receipt this Period 100.00
	Aggregate Year-to-Date -> 100.00		
E. Full Name, Mailing Address and Zip Code Larry Boss 517 Leslie Drive Villa Rica, GA 30180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer W.G. Family Medical Assoc.	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 100.00
	Aggregate Year-to-Date -> 200.00		
F. Full Name, Mailing Address and Zip Code James Chappuis 3280 Howell Mill Road, Suite 229 Atlanta, GA 30327 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 100.00
	Aggregate Year-to-Date -> 100.00		
G. Full Name, Mailing Address and Zip Code James Chappuis 3280 Howell Mill Road, Suite 229 Atlanta, GA 30327 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 100.00
	Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Norwood for Congress

<p>A. Full Name, Mailing Address and Zip Code Barry McKernan 130 Vann Street, Suite 220 Marietta, GA 30060</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Center For Videoscopic & Laser</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 02/15/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Brenda Lopez 1572 Adria Drive Riverdale, GA 30296-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Ga Republican Party</p> <p>Occupation Finance Chair</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 01/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Susan Trotter 3 Woodbridge Circle Evans, GA 30305-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 03/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Amory Houghton 50 East Market Street, Ste 201 Corning, NY 14830-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer U.S. House of Representatives</p> <p>Occupation Congressman</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 03/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Elizabeth Chugden 6005 Walden Place Gandeville, IA 70448-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 03/31/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gregory West 359 Greenbriar Court Brandenburg, KY 40108-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 03/31/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Robert McNamara 230 Foxwood Circle Lafayette Hill, PA 19444-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 03/31/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	3,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 for such committee.

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code John Lee 1044 Theckery Lane Naperville, IL 60564-	Name of Employer Self	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 200.00	
B. Full Name, Mailing Address and Zip Code Sylvia Clements 2031 Clements Daniel Road Louisville, GA 30430	Name of Employer	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Wade Coleman 3330 Bellesse Drive Valdosta, GA 31605-	Name of Employer Coleman, Talley, Newbern et al	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date -> 500.00	
D. Full Name, Mailing Address and Zip Code Raymond McDonald 534 Jackson River Forest, IL 60305-	Name of Employer Self	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	1,150.00
TOTAL This Period (last page this line number only)	47,515.88

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Schedule Form

PAGE 1 OF 7
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)			
Norwood for Congress			
A. Full Name, Mailing Address and Zip Code SunTrust Banks of Georgia GOC Attn: Bill Bowden Post Office Box 1418 Atlanta, GA 30302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	01/04/2000	
Aggregate Year-to-Date -> 250.00			
B. Full Name, Mailing Address and Zip Code NRA Political Victory Fund Chris W. Cox, Federal Liaison 410 First St SE Washington, DC 20003- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/23/2000	
Aggregate Year-to-Date -> 1,000.00			
C. Full Name, Mailing Address and Zip Code Occidental Internatl Corp. PAC Attn: Mr. Jack Hasset 1717 Pennsylvania Ave NW Ste 400 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/23/2000	
Aggregate Year-to-Date -> 500.00			
D. Full Name, Mailing Address and Zip Code Amer. Society of Anesthesiologists Attn: Mr. Mike Scott 1101 Vermont Ave NW Ste 606 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/31/2000	
Aggregate Year-to-Date -> 1,000.00			
E. Full Name, Mailing Address and Zip Code Podiatry PAC Attn: Mr. John Carson 9312 Old Georgetown Road Bethesda, MD 20814- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/29/2000	
Aggregate Year-to-Date -> 1,000.00			
F. Full Name, Mailing Address and Zip Code Lockheed/Martin PAC Attn: Mr. Chuck Monte 1725 Jefferson Davis Hwy. Arlington, VA 22202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/31/2000	
Aggregate Year-to-Date -> 500.00			
G. Full Name, Mailing Address and Zip Code American Physical Therapy Assn. PAC Attn: Ms. Nancy Garland 1111 North Fairfax Street Alexandria, VA 22314- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/28/2000	
Aggregate Year-to-Date -> 500.00			

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code RJR PAC Attn: Murray Johns 1455 Pennsylvania Ave NW Ste 925 Washington, DC 20005-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		
B. Full Name, Mailing Address and Zip Code National Broiler Council PAC Attn: Ms. Mary Colville 1015 15th St NW Ste 930 Washington, DC 20005-2605	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		
C. Full Name, Mailing Address and Zip Code American Maritime Officers PAC Attn: Gordon W. Spencer 430 L'Enfant Plaza East SW Ste 7204 Washington, DC 20024-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		
D. Full Name, Mailing Address and Zip Code Scientific Atlanta PAC Attn: Mr. Bill Loughrey PO Box 105600 Atlanta, GA 30348-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 340.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	340.00		IN-KIND
E. Full Name, Mailing Address and Zip Code Action Comm. for Rural Electrification Attn: Mr. Bob Dawson 4301 Wilson Blvd Arlington, VA 22203-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		
F. Full Name, Mailing Address and Zip Code Alltel Corp. PAC Attn: Diane Smith 601 Pennsylvania Avenue Washington, DC 20005-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		
G. Full Name, Mailing Address and Zip Code Amer. Assn. of Nurse Anesthetists Attn: Mr. David Hebert 412 First Street, SE, #12 Washington, DC 20003-	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00		

SUBTOTAL of Receipts This Page (optional)	3,340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed summary page

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

NAME OF COMMITTEE (In Full) Norwood for Congress			
A. Full Name, Mailing Address and Zip Code American Hotel Motel PAC Attn: Mr. Kirk Harris 1201 New York Avenue, NW Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/30/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code American Public Power Assn. Attn: Mr. Alan H. Richardson 2301 M Street NW, Suite 300 Washington, DC 20037- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Amroc. Sugarbeet Growers Assn. PAC Attn: Luther Markwerl. 1156 15th St, NW- Ste 1101 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/14/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Ford Motor Company CAP Attn: Mr. Bob Howard 1350 "I" St NW Ste 1000 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Morrison-Knudsen PAC Attn: Charles W. Simpson 555 13th St NW Ste 410 W Tower Washington, DC 20004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code National Cotton Council Attn: Mr. John Maguire 1521 New Hampshire Ave NW Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/28/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Philip Morris PAC Mr. Greg Scott 1341 G St NW Ste 900 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/23/2000 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	4	7
FOR LINE NUMBER		
11(c)		

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

NAME OF COMMITTEE (In Full) Norwood for Congress			
A. Full Name, Mailing Address and Zip Code Pinkerton Tobacco Company PAC PO Box 11588 Richmond, VA 23230-1588	Name of Employer Occupation	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
B. Full Name, Mailing Address and Zip Code Southern Minnesota Sugar Cooperative PAC Attn: Pat Ravenhorst Renville, MN 56284-	Name of Employer Occupation	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
C. Full Name, Mailing Address and Zip Code Natl. Community Pharmacists Assn. Attn: John M. Rector, Esq. 235 Gaingerfield Rd Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
D. Full Name, Mailing Address and Zip Code Amer. Veterinary Medical Assoc. PAC Attn: Dr. Pamela Abney 1101 Vermont Ave NW Ste 710 Washington, DC 20005-	Name of Employer Occupation	Date (month, day, year) 02/03/2000	Amount of Each Receipt this Period 1,300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,300.00		
E. Full Name, Mailing Address and Zip Code Union Pacific Fund Attn: Ms. Katie Meehan 600 13th Street, NW, Ste 140 Washington, DC 20005-	Name of Employer Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,300.00		
F. Full Name, Mailing Address and Zip Code AICPA Attn: Mr. Tom Higginbotham 1055 Penn. Ave., NW 4th Floor Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Warner-Lambert PAC Attn: Mr. Vincent Lovoi 1667 K St NW Ste 1270 Washington, DC 20006-	Name of Employer Occupation	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Norwood for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Atomics PAC Attn: Mr. Wayne Willis 2001 Pennsylvania Ave. NW Ste 650 Washington, DC 20006-		03/09/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
B. Full Name, Mailing Address and Zip Code Natl. Ready Mixed Concrete Association Attn: Julie Benjamin Luther 900 Spring Street Silver Spring, MD 20910-		03/23/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
C. Full Name, Mailing Address and Zip Code Safari Club International Attn: Mr. Ron Marlenee Post Office Box 159 Napato, WA 98951-		02/15/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,000.00
D. Full Name, Mailing Address and Zip Code Natl. Assn. for Uniformed Services Attn: Colonel Charles Partridge 5535 Hempstead Way Springfield, VA 22151-		03/23/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code El Paso Energy Corporation PAC Attn: Ms. Nancy Whorton George 601 13th Street, NW Washington, DC 20005-		02/29/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
F. Full Name, Mailing Address and Zip Code Right to Work PAC Attn: Mr. Mark Mix 8001 Braddock Rd., Suite 211 Springfield, VA 22160-		03/23/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
G. Full Name, Mailing Address and Zip Code Amer. Yarn Spinners Assn., Inc. PAC Attn: Jim Conner PO Box 99 Gastonia, NC 28053-		03/15/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code SCANA FedFAC Post Office Box 764 Columbia, SC 29218- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/23/2000 Occupation Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code ING US PAC Attn: Deborah Winston 601 13th Street NW, Suite 450 North Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/23/2000 Occupation Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Amer. Academy Of Emergency Medicine PAC Attn: Dr. Tom Scaletta 611 East Wells Street Milwaukee, WI 53202- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/31/2000 Occupation Aggregate Year-to-Date -> 750.00	Amount of Each Receipt this Period 750.00
D. Full Name, Mailing Address and Zip Code U.S. Immigration Reform PAC Attn: Mr. James Barnes 5534 Nevada Avenue NW Washington, DC 20015- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 02/29/2000 Occupation Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Consumer Healthcare Products Assn. PAC Attn: Kevin Kraushaar 1150 Connecticut Avenue NW Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 03/09/2000 Occupation Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code The Billy Tauzin Committee Post Office Box 1407 Thibodaux, LA 70302- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 02/02/2000 Occupation Event Travel Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00 IN-KIND
G. Full Name, Mailing Address and Zip Code The Billy Tauzin Committee Post Office Box 1407 Thibodaux, LA 70302- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 02/02/2000 Occupation Travel Expenses Aggregate Year-to-Date -> 1,532.40	Amount of Each Receipt this Period 532.40 IN-KIND

SUBTOTAL of Receipts This Page (optional)	4,782.40
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Norwood for Congress

A. Full Name, Mailing Address and Zip Code Jenkins for Congress Post Office Box 540 Rogersville, TN 37857-	Name of Employer US Representative	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 230.93
	Occupation Congressman	Aggregate Year-to-Date -> 230.93	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Leadership PAC 2000 1199 North Fairfax Street, 4th Floor Alexandria, VA 22314-	Name of Employer	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 2,000.00
	Occupation	Aggregate Year-to-Date -> 2,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,230.93
TOTAL This Period (last page this line number only)	28,103.33

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

A. Full Name, Mailing Address and Zip Code Georgia Bank and Trust 3550 Wheeler Road Augusta, GA 30909-	Name of Employer INTEREST PAID	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 867.08
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$67.08		
B. Full Name, Mailing Address and Zip Code Georgia Bank and Trust 3550 Wheeler Road Augusta, GA 30909-	Name of Employer INTEREST PAID	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 924.07
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,791.15		
C. Full Name, Mailing Address and Zip Code Merrill Lynch Investment Account 4221 Wilson Boulevard Arlington, VA 22203-	Name of Employer DIVIDENDS AND CAPITAL GAINS	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 3,638.27
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 3,638.27		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	5,429.42
TOTAL This Period (last page this line number only)	5,429.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2000	16.01
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	16.01
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/2000	251.33
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/20/2000	15.92
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	15.92
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	16.01
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/2000	77.69

SUBTOTAL of Disbursements This Page (optional)	408.89
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule (a) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	16.01
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	86.30
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	158.59
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/2000	197.01
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	159.59
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/20/2000	108.28
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	129.59

SUBTOTAL of Disbursements This Page (optional)	854.37
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bellsouth Attn: Jim Newman PO Box 140144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	108.28
Bellsouth Attn: Jim Newman PO Box 140144 Atlanta, GA 30374-0144	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	108.28
Bittersweet Catering Attn: Charlotte Foster 823 King Street Alexandria, VA 22314-	Catering Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/2000	632.30
Bittersweet Catering Attn: Charlotte Foster 823 King Street Alexandria, VA 22314-	Catering Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	1,300.00
Bittersweet Catering Attn: Charlotte Foster 823 King Street Alexandria, VA 22314-	Catering Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	100.00
Blanchard and Calhoun Commercial Ms. Pam Bragg 699 Broad Street Augusta, GA 30901-	LEASE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/14/2000	544.00
Congressional Institute 316 Pennsylvania Avenue, Ste 403 Washington, DC 20003-	Retreat Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	330.00

SUBTOTAL of Disbursements This Page (optional)	3,022.56
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/24/2000	678.03
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/09/2000	679.43
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Photo scans Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/17/2000	119.84
Georgia Dept. of Revenue P.O. Box 740387 Atlanta, GA 30374-	Income Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/15/2000	326.00
Georgia Dept. of Revenue P.O. Box 740387 Atlanta, GA 30374-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	237.87
Good Thyres 624 Shartam Drive Augusta, GA 30907-	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/20/2000	2,054.40
Hall Marketing PO Box 211142 Augusta, GA 30917-	Media Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/16/2000	1,000.00

SUBTOTAL of Disbursements This Page (optional)	5,097.57
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

(See separate schedule(s) for each category of the Detailed Summary Page)	PAGE	OF
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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Highland Data Blue Grass Square Blue Grass, VA 24413-	Data Input Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	2,562.25
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	8.00
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	390.25
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	821.00
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	FUTA Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	36.00
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/15/2000	390.25
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	901.25

SUBTOTAL of Disbursements This Page (optional)	4,929.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/2000	544.00
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	544.00
KMC Telecom, Inc. Post Office Box 932037 Atlanta, GA 31193-2037	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	214.21
KMC Telecom, Inc. Post Office Box 932037 Atlanta, GA 31193-2037	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	235.78
KMC Telecom, Inc. Post Office Box 932037 Atlanta, GA 31193-2037	Phone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	213.07
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage and Event Supplie Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/2000	94.91

SUBTOTAL of Disbursements This Page (optional)	2,248.84
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/15/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage & Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2000	115.31
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/15/2000	89.90

SUBTOTAL of Disbursements This Page (optional)	2,219.56
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	105.44
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	107.44
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/2000	107.44
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2000	105.44
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	105.44
Brian Laserna 2422 Washington Rd. Augusta, GA 30904-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/15/2000	107.44
John Long 2242 Pickens Road Augusta, GA 30904-	Event Catering and Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/27/2000	440.98 IN KIND

SUBTOTAL of Disbursements This Page (optional)

1,079.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the detailed summary page	PAGE	OF
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NAME OF COMMITTEE (In Full)
 Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Long 2242 Dickens Road Augusta, GA 30904-	Event Catering and Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/27/2000	500.00 IN KIND
MBNA America PO Box 15029 Wilmington, DE 19886-0408	Hotel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/24/2000	343.96
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/05/2000	2,767.00
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/23/2000	2,161.56
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/09/2000	1,327.43
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/01/2000	1,336.11
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	2,445.52

SUBTOTAL of Disbursements This Page (optional)	10,581.60
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30903-2623	Mail Processing Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/30/2000	1,862.29
Port Armor Country Club One port Armor Parkway Greensboro, GA 30642-	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/11/2000	3,585.82
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/17/2000	55.33
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/16/2000	116.29
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Event Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/20/2000	91.83
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/30/2000	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	150.97

SUBTOTAL of Disbursements This Page (optional)	6,013.50
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Reimburse Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/09/2000	118.90
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/16/2000	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/29/2000	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/13/2000	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Reimburse Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/10/2000	18.27
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	150.97
Scientific Atlanta PAC Attn: Mr. Bill Loughrey PO Box 105600 Atlanta, GA 30348-	Event Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/09/2000	340.00 IN KIND

SUBTOTAL of Disbursements This Page (optional)	1,081.05
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 12 OF 14
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) Norwood for Congress			
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sinkins Land Company Attn: Mrs. Maxine Sellamy 103 Macarton Street Augusta, GA 30901-	Event Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/09/2000	1,385.55
Sixth M. Watkins Attn: Helen Watkins 555 Watkins Street Augusta, GA 30901-	Catering Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/2000	200.00
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Catering and Hotel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	2,187.16
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Airfare, Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/17/2000	3,242.87
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Airfare, Catering Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/20/2000	2,161.00
The Billy Tauzin Committee Post Office Box 1407 Thibodaux, LA 70302-	Event Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/2000	1,000.00 IN KIND
The Billy Tauzin Committee Post Office Box 1407 Thibodaux, LA 70302-	(Travel) Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/2000	532.40 IN KIND

SUBTOTAL of Disbursements This Page (optional)	10,705.98
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	BRE Trust, Box Fees, postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/2000	359.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/08/2000	330.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage, BRE Trust Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/2000	621.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Return Mail Trust Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/07/2000	250.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/2000	330.00
Wilmot Printing 1221-A Flowing Wells Road Augusta, GA 30909-	Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/2000	281.57
Wilmot Printing 1221-A Flowing Wells Road Augusta, GA 30909-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/2000	121.55

SUBTOTAL of Disbursements This Page (optional)	2,293.12
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilmot Printing 1221 A Flowing Wells Road Augusta, GA 30909-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/2003	1,147.68
Wilmot Printing 1221-A Flowing Wells Road Augusta, GA 30909-	Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/30/2003	195.92
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SUBTOTAL of Disbursements This Page (optional)	1,343.60
TOTAL This Period (last page this line number only)	52,182.16

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Norwood for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Excess Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC 120 1st St SE Washington, DC 20003-1838	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/05/2000	15,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	15,000.00
TOTAL This Period (last page this line number only)	15,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4/14/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>ABW</i>	 4/17/00
PREPARER	DATE PREPARED