

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P, O, Box 909  
 Check if different than previously reported. (ACC)  
Columbus GA 31902

2. **FEC IDENTIFICATION NUMBER** C00266940  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
GA 02

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

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

5. Covering Period 07 01 2006 through 09 30 2006

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 Evelyn Turner Pugh, Treasurer

Signature of Treasurer Electronically Filed by Evelyn Turner Pugh, Treasurer Date 10 22 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	208156.00	710988.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	208156.00	710988.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	165770.42	453042.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3643.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	165770.42	449398.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	412822.78	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Sanford D. Bishop, Jr. for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

71221.00

299163.00

(ii) Unitemized.....

1485.00

7625.00

(iii) TOTAL of contributions

72706.00

306788.00

from individuals..... ▶

1000.00

1000.00

(b) Political Party Committees.....

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

134450.00

403200.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

208156.00

710988.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

3643.08

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

1113.29

8994.84

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

209269.29

723625.92

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	165770.42	453042.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	80000.00	110450.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	245770.42	563492.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	449323.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	209269.29
25. SUBTOTAL (add Line 23 and Line 24).....	658593.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	245770.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	412822.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Action Comm for Rural Electrification</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address Mr. A. Paul Wood 4301 Wilson Blvd		<b>Transaction ID:</b> 61015.C7533	
City Arlington	State VA	Amount of Each Receipt this Period 2500.00	
Zip Code 22203-1860		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00		

Full Name (Last, First, Middle Initial) <b>B. AFLAC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address Mr. Daniel P. Amos 1932 Wynnton Rd.		<b>Transaction ID:</b> 61015.C7518	
City Columbus	State GA	Amount of Each Receipt this Period 5000.00	
Zip Code 31999		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C. AFSCME PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address Mr. William Lucy 1625 L St. NW		<b>Transaction ID:</b> 61015.C7668	
City Washington	State DC	Amount of Each Receipt this Period 2500.00	
Zip Code 20036		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Ms. Christie Williams  
P. O. Box 4569

City Atlanta State GA Zip Code 30302

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2006

Transaction ID: 61015.C7594

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Mr. Frank Voyack  
1625 Mass. Ave NW

City Washington State DC Zip Code 20036

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: 61015.C7516

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address Ms. Beverly McKittrick  
101 Constitution Ave NW Ste 400W

City Washington State DC Zip Code 20001

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: 61015.C7573

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 114</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer Hosp Assoc PAC

Mailing Address Ms. Holly Snow  
325 Seventh St. NW

City Washington State DC Zip Code 20004

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7652

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Mr. Arthur Eddy  
1111 14th St. NW Ste 1100

City Washington State DC Zip Code 20005

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 13 / 2006

Transaction ID: 61015.C7511

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American PNU T Shellers PAC

Mailing Address Mr. John Powell  
P. O. Box 70157

City Albany State GA Zip Code 31708-0157

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7535

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch PAC

Mailing Address Mr. Michael Roche  
1401 I St NW Ste 200

City Washington State DC Zip Code 20005-6549

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61015.C7669

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Assoc of Trial Lawyers of America

Mailing Address Ms. Heather Tureen  
1050 31st St. NW

City Washington State DC Zip Code 20007

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7653

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address Ms. Katrice Banks  
175 E. Houston, Rm 7-A-50

City San Antonio State TX Zip Code 78205

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7655

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Mr. Ted Lawrence  
1025 Lenox Park Blvd. -6B647

City Atlanta State GA Zip Code 30319

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61015.C7584

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address Ms. Suzanne Williams  
1201 15th St NW

City Washington State DC Zip Code 20005-2800

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 6

Transaction ID: 60716.C7486

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address Ms. Suzanne Williams  
1201 15th St NW

City Washington State DC Zip Code 20005-2800

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 6

Transaction ID: 60716.C7485

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Carpenters Legislative Improvement Comm</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address Mr. Douglas McCarron 101 Constitution Ave NW 10th FL		Transaction ID: 61015.C7657	
City State Zip Code Washington DC 20001		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation PAC pac			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless LLC Employee PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address Ms. Heather Herndon 5565 Glenridge Connector Ste 1700		Transaction ID: 61015.C7640	
City State Zip Code Atlanta GA 30342		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation PAC pac			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Comm For Advancement of Cotton</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address Mr. John Maguire P. O. Box 820292		Transaction ID: 61015.C7638	
City State Zip Code Memphis TN 38182		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation PAC pac			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 9500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Comm For Advancement SouthEast Cotton</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address Mr. Ronald Fleming 139 Prominence Ct. Ste 110		<b>Transaction ID: 61015.C7534</b>	
City Dawsonville State GA Zip Code 30534	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>B. Credit Union Legis Action Council</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address Mr. John McKechnie 601 Penn Ave. NW South Bldg. Suite		<b>Transaction ID: 61015.C7536</b>	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) <b>C. CWA-COPE PCC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address Mr. Morton Bahr 501 3rd St. NW		<b>Transaction ID: 61015.C7538</b>	
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Mr. Olin Thompson  
8400 Westpark Dr.

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7537

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 2828 Techwood Dr.

City State Zip Code  
Columbus GA 31906

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

Name of Employer Occupation  
Columbus Regional oncologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61015.C7579

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address Ms. Linda Ray  
25 Louisiana Ave NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: 61015.C7517

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ed Jenkins Cong Comm

Mailing Address Mr. Ed Jenkins  
P. O. Box 70

City State Zip Code  
Jasper GA 30143

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

Transaction ID: 61015.C7503

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Ms. Gina Adams  
942 S Shady Grove Rd

City State Zip Code  
Memphis TN 38120

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: 61015.C7572

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Electric Co. PAC

Mailing Address Mr. Peter Prowitt  
1299 Penn Ave NW Ste 1100 W

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61015.C7670

Amount of Each Receipt this Period  
4000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Mr. Roger Lane  
1775 Spectrum Dr Ste 100

City State Zip Code  
Lawrenceville GA 30043

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** 61015.C7490

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
King & Spalding PAC

Mailing Address Atty. Theodore Hester  
1700 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20006-4706

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 15 / 2006

**Transaction ID:** 61015.C7592

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address Ms. Lacye Tennille  
655 15th St NW Ste 445

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61015.C7671

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 114
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Laborers Political League

Mailing Address Mr. Terence OSullivan  
905 16th St. NW

City Washington State DC Zip Code 20006

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 61015.C7491

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address Mr. Steve Chaudet  
1550 Crystal Square Two, Ste 300

City Arlington State VA Zip Code 22202

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

Transaction ID: 61015.C7641

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Machinists Nonpartisan Pol League

Mailing Address Mr. Rich Michalski  
9000 Machinist Place

City Upper Marlboro State MD Zip Code 20772

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: 61015.C7658

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Miller Brewing Co. PAC

Mailing Address Mr. Nehl Horton  
655 15th St. NW Ste 385

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2006

Transaction ID: 61015.C7642

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1080 S Country Court

City State Zip Code  
Fortson GA 31808

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

Name of Employer Occupation  
Columbus Regional vice president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61015.C7577

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 514 Spring Harbor Dr.

City State Zip Code  
Columbus GA 31904

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

Name of Employer Occupation  
retired retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: 61015.C7575

Amount of Each Receipt this Period  
1000.00

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

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address 428 New Jersey Ave SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: 61015.C7505

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 6337 Brookstone Blvd.

City State Zip Code  
Columbus GA 31904

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

Name of Employer Occupation  
Denim North America consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: 61015.C7574

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2408 17th Ave.

City State Zip Code  
Columbus GA 31901

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

Name of Employer Occupation  
Columbus Regional dir govt relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61015.C7578

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Renee Sturkie</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 2105 Forest Ave.		Transaction ID: 61015.C7576	
City State Zip Code Columbus GA 31906	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbus Regional	Occupation internal auditor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) <b>B. Natl Beer Wholesalers Assoc PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Mr. Craig Purser 1100 King St. Ste 600		Transaction ID: 61015.C7672	
City State Zip Code Alexandria VA 22314-2944	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Natl Comm for an Effective Congress</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address Mr. James Byron 122 C St. NW Ste 650		Transaction ID: 61015.C7674	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b>		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC	Occupation pac		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 114
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Comm Preserve Social Security & Med

Mailing Address Ms. Barbara Kennelly  
10 G St NE, Ste 600

City Washington State DC Zip Code 20002-4215

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2006

Transaction ID: 61015.C7504

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Natl Multi Housing Council PAC

Mailing Address Ms. Jeanne Delgado  
1850 M St. NW Ste 540

City Washington State DC Zip Code 20036

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7492

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Restaurant Assoc PAC

Mailing Address Mr. Daniel Halpern  
1200 Seventeenth St., NW

City Washington State DC Zip Code 20036-3097

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7489

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Restaurant Assoc PAC

Mailing Address Mr. Daniel Halpern  
1200 Seventeenth St., NW

City State Zip Code  
Washington DC 20036-3097

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61015.C7673

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Natl Rural Letter Carriers Assoc PAC

Mailing Address Mr. Ken Parmelee  
1630 Duke St. 4th Fl

City State Zip Code  
Alexandria VA 22314-3465

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2006

Transaction ID: 61015.C7522

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Plum Creek Timber Co Good Govt. Fund

Mailing Address Mr. Robert Jirsa  
999 Third Ave Ste 4300

City State Zip Code  
Seattle WA 98104

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7500

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Realtors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address Ms. Helen Devlin 430 N Michigan Ave		<b>Transaction ID:</b> 61015.C7540	
City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation pac Election Cycle-to-Date ▼ 9000.00		

Full Name (Last, First, Middle Initial) <b>B. Realtors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address Ms. Helen Devlin 430 N Michigan Ave		<b>Transaction ID:</b> 61015.C7530	
City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation pac Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C. RJR PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address Mr. John Fish P. O. Box 718		<b>Transaction ID:</b> 61015.C7499	
City Winston Salem State NC Zip Code 27102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PAC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation pac Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Mr. John Fish  
P. O. Box 718

City State Zip Code  
Winston Salem NC 27102

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61015.C7507

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
The Coca-Cola Co Nonpartisan Comm

Mailing Address Mr. Bryan Anderson  
P. O. Drawer 1734

City State Zip Code  
Atlanta GA 30301

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: 61015.C7515

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
The Home Depot PAC

Mailing Address Ms. Heather Kennedy  
101 Constitution Ave NW Ste 800W

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7656

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
The NEA Fund for Children & Public Educa

Mailing Address Ms. Diane Shust  
1201 16th St. NW Ste 420

City State Zip Code  
Washington DC 20036-3290

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

**Transaction ID:** 61015.C7539

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
U. A. Political Educ. Comm.

Mailing Address Mr. William Hite  
901 Massachusetts Ave NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

**Transaction ID:** 61015.C7502

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
U. A. Political Educ. Comm.

Mailing Address Mr. William Hite  
901 Massachusetts Ave NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
PAC pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** 61015.C7659

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address Mr. Allen Hill  
55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61015.C7586

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address Ms. Kimberly Woodard  
702 SW 8th St.

City Bentonville State AR Zip Code 72716

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

Name of Employer PAC Occupation pac

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

Transaction ID: 61015.C7529

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	134450.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Steve Anthony

Mailing Address P. O. Box 8915

City State Zip Code  
Atlanta GA 31106

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

Name of Employer Occupation  
Anthony Consulting Group CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

**Transaction ID:** 61015.C7508

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address Friends  
100 Peachtree St. Ste 2200

City State Zip Code  
Atlanta GA 30303

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

Name of Employer Occupation  
self-employed partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

**Transaction ID:** 61015.C7654

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 1020 Tallahassee Rd.

City State Zip Code  
Albany GA 31707-9556

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

Name of Employer Occupation  
Englewood Home Health executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2900.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** 61015.C7619

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Ozell Barlow

Mailing Address 1020 Tallahassee Rd.

City Albany State GA Zip Code 31721-9556

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

Name of Employer Englewood Home Health Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7620

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5410 Shriver Ave.

City Des Moines State IA Zip Code 50312

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

Name of Employer Baudino Law Group, PLC Occupation atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7643

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2323 Lancelot PI

City Columbus State GA Zip Code 31904

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7493

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. B. V. Bishop

Mailing Address 114 Quail Run Rd.

City Madison State MS Zip Code 39110

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

Name of Employer Graduate Supply Hse Occupation salesman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt  
08 / 31 / 2006

Transaction ID: 61015.C7639

Amount of Each Receipt this Period  
750.00

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

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

Mailing Address 342 Little Bear Dr

City Cataula State GA Zip Code 31804

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

Name of Employer Bill Heard Chev., Inc Occupation management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
08 / 15 / 2006

Transaction ID: 61015.C7587

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 2766

City Columbus State GA Zip Code 31902

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

Name of Employer Butler Wooten Overby Chee-ley P Occupation atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt  
07 / 25 / 2006

Transaction ID: 61015.C7506

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Leroy Bynum

Mailing Address 2519 E Alberson Dr.

City Albany State GA Zip Code 31707

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

Name of Employer Albany State University Occupation professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61015.C7595

Amount of Each Receipt this Period  
 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Mary H Carroll

Mailing Address 4890 W US Hwy 27

City Clewiston State FL Zip Code 33440

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

Name of Employer Hilliard Brothers of FL Occupation farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2006

Transaction ID: 61015.C7548

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 6228 Amblewood Dr.

City Jackson State MS Zip Code 39213

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

Name of Employer Metropolitan Life Occupation sales manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61015.C7622

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Larry Colson

Mailing Address 907 S Lakeshore Dr.

City State Zip Code  
Valdosta GA 31605

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

Name of Employer  
Colson Bus Sys

Occupation  
president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: 61015.C7588

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. Henry Cook, , JR

Mailing Address 1190 MLK Jr. Blvd.

City State Zip Code  
Columbus GA 31906

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

Name of Employer  
self-employed

Occupation  
dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61015.C7585

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 1701 Ruan Center

City State Zip Code  
Des Moines IA 50309

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

Name of Employer  
self-employed

Occupation  
atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: 61015.C7651

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MS. Evelyn Creighton

Mailing Address 1738 Ft. Benning Rd.

City State Zip Code  
Columbus GA 31903

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

Name of Employer Occupation  
retired retired

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

856.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2006

Transaction ID: 61015.C7512

Amount of Each Receipt this Period  
351.00

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

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

Mailing Address 3080 Campbellton Rd. SW

City State Zip Code  
Atlanta GA 30311-5410

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

Name of Employer Occupation  
Cuffie & Assoc., PC atty

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

520.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: 61015.C7514

Amount of Each Receipt this Period  
520.00

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

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

Mailing Address 711 Ironwood Dr.

City State Zip Code  
Bowling Green KY 42103

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

Name of Employer Occupation  
Education & Training Resources CFO

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7611

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1371.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address 1001 Penn Ave NW Ste 600

City Washington State DC Zip Code 20004

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

Name of Employer Drummer & Assoc. Occupation lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7623

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1454 Briarcliff Rd. NE

City Atlanta State GA Zip Code 30306

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

Name of Employer Tucker Federal Occupation Exec. VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7542

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1500 Meng Rd.

City Bowling Green State KY Zip Code 42104

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

Name of Employer Turner Job Corps Cntr Occupation president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7612

Amount of Each Receipt this Period  
1500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Everette Freeman

Mailing Address P. O. Box 1

City Albany State GA Zip Code 31702

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

Name of Employer Albany State University Occupation president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7597

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 1

City Albany State GA Zip Code 31702

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

Name of Employer Albany State University Occupation president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7598

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1005 Buckingham Cir.

City Atlanta State GA Zip Code 30327-2703

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

Name of Employer Butler Wooten Overby Chee-ley P Occupation atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7543

Amount of Each Receipt this Period  
1000.00

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

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

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



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

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

FOR LINE NUMBER: PAGE 33 / 114  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Angela Getter

Mailing Address 539 North Westover Blvd. #2603

City Albany State GA Zip Code 31707

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

Name of Employer Albany State University Occupation vice president

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 17 / 2006

**Transaction ID:** 61015.C7599

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 539 North Westover Blvd. #2603

City Albany State GA Zip Code 31707

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

Name of Employer Albany State University Occupation vice president

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 17 / 2006

**Transaction ID:** 61015.C7600

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. F. D. Guillebeau

Mailing Address 408 Pincrest Dr.

City Albany State GA Zip Code 31707

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

Name of Employer self-employed Occupation physician

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2006

**Transaction ID:** 61015.C7488

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Daniel Halpern

Mailing Address 1498 Willis Mill Rd.

City Atlanta State GA Zip Code 30311

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

Name of Employer Jackson & Assoc Occupation management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2006

Transaction ID: 61015.C7644

Amount of Each Receipt this Period  
 400.00

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

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

Mailing Address 115 Windmere Ave.

City Bowling Green State KY Zip Code 42103-8720

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

Name of Employer Education & Training Resources Occupation vice president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61015.C7613

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. W. T. Heard

Mailing Address P. O. Box 6749

City Columbus State GA Zip Code 31907

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

Name of Employer Bill Heard Chev., Inc Occupation ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61015.C7590

Amount of Each Receipt this Period  
 2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. W. T. Heard., III

Mailing Address 75008 Heardmont Ct.

City State Zip Code  
Columbus GA 31904

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

Name of Employer Bill Heard Chev., Inc Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 15 / 2006

Transaction ID: 61015.C7591

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Barbara Jean Hilliard

Mailing Address 5500 Flagpole Rd

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Hilliard Brothers of FL Occupation farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 61015.C7546

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5500 Flaghole Rd.

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Hilliard Brothers of FL Occupation farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 61015.C7544

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Joe Hilliard

Mailing Address 5600 W US Hwy 27

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Hilliard Brothers of FL Occupation farmer

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

2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7545

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Joe Marlin Hilliard

Mailing Address 5500 Flaghole Rd.

City State Zip Code  
Clewiston FL 33440

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

Name of Employer self-employed Occupation farmer

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

2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7547

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 126 Grand Oaks Ct.

City State Zip Code  
Albany GA 31721-9522

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

Name of Employer Phoebe Putney Mem Hosp Occupation Sr. VP

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

750.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7614

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address 2260 48th St. NW

City Washington State DC Zip Code 20007

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

Name of Employer  
Hurt, Norton & Assoc., Inc.

Occupation  
consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2006

Transaction ID: 61015.C7509

Amount of Each Receipt this Period  
1250.00

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

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

Mailing Address 490 White Oak Dr.

City Oxford State OH Zip Code 45056

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

Name of Employer  
Miami Univ.

Occupation  
professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7635

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address 1222 Broadway #101

City Columbus State GA Zip Code 31901

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

Name of Employer  
retired

Occupation  
retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: 61015.C7566

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MS. Ann B Johnson

Mailing Address 1222 Broadway

City State Zip Code  
Columbus GA 31901

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

Name of Employer self-employed Occupation  
broker/owner

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

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: 61015.C7567

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1710 E. Moore St.

City State Zip Code  
Valdosta GA 31601

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

Name of Employer retired Occupation  
retired

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

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7531

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 412 S Yeomans St

City State Zip Code  
Blackshear GA 31516

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

Name of Employer self-employed Occupation  
farmer

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

500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: 61015.C7513

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Tony Jones

Mailing Address 2030 Gleneagles Dr.

City Albany State GA Zip Code 31707

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

Name of Employer Albany State University Occupation educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

**Transaction ID:** 61015.C7602

Amount of Each Receipt this Period  
 200.00

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

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

Mailing Address P. O. Box 27808

City Panama City State FL Zip Code 32411

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2006

**Transaction ID:** 61015.C7645

Amount of Each Receipt this Period  
 2100.00

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

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

Mailing Address 539 N. Westover Blvd #326

City Albany State GA Zip Code 31707

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

Name of Employer Albany State University Occupation educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

**Transaction ID:** 61015.C7603

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Don Koehler

Mailing Address 2420 Diana Ave.

City State Zip Code  
Tifton GA 31794

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

Name of Employer Occupation  
Ga Peanut Commission executive dir

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

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** 61015.C7532

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. W. P. Langdale

Mailing Address P. O. Box 1088

City State Zip Code  
Valdosta GA 31603

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

Name of Employer Occupation  
Langdale Factory ceo

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

200.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

**Transaction ID:** 61015.C7496

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 440 Hi Lo Rd.

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Occupation  
L & S Services, LLC president

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

1250.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

**Transaction ID:** 61015.C7549

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Don Leebern, Jr

Mailing Address 100 Georgia Crown Dr.

City State Zip Code  
Mcdonough GA 30253

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

Name of Employer Occupation  
Ga Crown Dist chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61015.C7663

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address P. O. Box 643

City State Zip Code  
Thomasville GA 31799

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

Name of Employer Occupation  
City of Thomasville mayor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7621

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2202 Links Ct.

City State Zip Code  
Albany GA 31721-2080

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

Name of Employer Occupation  
Phoebe Putney Mem Hosp administration

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61015.C7646

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address 130 Van Dr.

City State Zip Code  
Kathleen GA 31047

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

Name of Employer self-employed Occupation  
developer

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 61015.C7527

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2 Morningside Ct

City State Zip Code  
Nashville TN 37215

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

Name of Employer Morehouse School of Medicine Occupation  
professor

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7497

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 40 Lakeridge Ct.

City State Zip Code  
Columbus GA 31904-1800

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

Name of Employer Columbus Regional Occupation  
physician

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61015.C7582

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Adam McLendon

Mailing Address 3986 Ga Why 55

City Leary State GA Zip Code 39862

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

Name of Employer self-employed Occupation farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7625

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 3986 GA Why 55

City Leary State GA Zip Code 39862

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

Name of Employer self-employed Occupation homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7626

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address Perennial Law Group  
1455 Penn. Ave NW Ste 225

City Washington State DC Zip Code 20004

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

Name of Employer Perennial Strategy Group Occupation atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7628

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Medical Advisory Group

Mailing Address 75 Piedmont Ave NE

City Atlanta State GA Zip Code 30303

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

Name of Employer Medical Advisory Group Occupation physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 61022.C7681

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 508 Partridge Dr.

City Albany State GA Zip Code 31707

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

Name of Employer Phoebe Putney Mem Hosp Occupation Sr. VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7615

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 886

City Dalton State GA Zip Code 30722

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

Name of Employer The Georgia Project Occupation chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61015.C7583

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Armond Morris

Mailing Address 349 Wisteria Dr.

City State Zip Code  
Ocilla GA 31774

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

Name of Employer self-employed Occupation  
farmer

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

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7636

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 596 Franklin St.

City State Zip Code  
Cambridge MA 02139

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

Name of Employer Farm Aid Occupation  
ceo

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

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61015.C7664

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1420 Lily Pond Rd.

City State Zip Code  
Albany GA 31701

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

Name of Employer self-employed Occupation  
day-care owner

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

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7627

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Frank Norton

Mailing Address 8100 W. Blvd. Dr.

City State Zip Code  
Alexandria VA 22308-1711

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

Name of Employer  
Hurt, Norton & Assoc., Inc.

Occupation  
consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2006

**Transaction ID:** 61015.C7510

Amount of Each Receipt this Period  
1250.00

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

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

Mailing Address 1915 Lullwater Rd.

City State Zip Code  
Albany GA 31707

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

Name of Employer  
ASU

Occupation  
professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** 61015.C7605

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 125 A Front St.

City State Zip Code  
Sylvester GA 31791

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

Name of Employer  
Phoebe Worth Med Ctr

Occupation  
ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

**Transaction ID:** 61015.C7648

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Jack Pezold

Mailing Address P. O. Box 4252

City State Zip Code  
Columbus GA 31904

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

Name of Employer Occupation  
Pezold Management Assoc CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: 61015.C7569

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 610 N. Laurel St.

City State Zip Code  
Quitman GA 31643

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

Name of Employer Occupation  
self-employed pharmacist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 61015.C7524

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pope, McGlamry, Kilpatrick, Morrison & N

Mailing Address Atty. Paul Kilpatrick  
P. O. Box 2128

City State Zip Code  
Columbus GA 31902

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

Name of Employer Occupation  
Pope, McGlamry, Kilpatrick & atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 61015.C7553

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 / 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Atty. Jay Hirsch		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 607 East Paces Ferry Rd.		Transaction ID: 61015.C7560	
City State Zip Code Atlanta GA 30305		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Pope, McGlamery, Kilpatrick, Morrison & N	
Name of Employer Pope, McGlamery, Kilpatrick & Occupation atty			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Atty. Paul Kilpatrick		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address P. O. Box 2128		Transaction ID: 61015.C7555	
City State Zip Code Columbus GA 31902		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Pope, McGlamery, Kilpatrick, Morrison & N	
Name of Employer Pope, McGlamery, Kilpatrick & Occupation atty			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Atty. C. Neal Pope		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 2695 Lee Rd 344		Transaction ID: 61015.C7554	
City State Zip Code Salem AL 36874		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Pope, McGlamery, Kilpatrick, Morrison & N	
Name of Employer Pope, McGlamery, Kilpatrick & Occupation atty			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Jim Ed Rice

Mailing Address P. O. Box 207

City State Zip Code  
Smithville TN 37166

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

Name of Employer  
American Service Contractors  
Occupation  
president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7550

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 220 11th Ave. East

City State Zip Code  
Bradenton FL 34206

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

Name of Employer  
self-employed  
Occupation  
lobbyist asst.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7541

Amount of Each Receipt this Period  
1450.00

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

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

Mailing Address 220 11th Ave. East

City State Zip Code  
Bradenton FL 34206

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

Name of Employer  
self-employed  
Occupation  
lobbyist asst.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2350.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7629

Amount of Each Receipt this Period  
650.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Gussie Saffor

Mailing Address 220 11th Ave. East

City State Zip Code  
Bradenton FL 34206

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

Name of Employer self-employed Occupation  
self-employed cosmetologist

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

150.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7630

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 220 11th Ave. East

City State Zip Code  
Bradenton FL 34206

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

Name of Employer self-employed Occupation  
self-employed cosmetologist

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

650.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: 61015.C7660

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 220 11th Ave. East

City State Zip Code  
Bradenton FL 34206

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

Name of Employer self-employed Occupation  
self-employed cosmetologist

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

1150.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

Transaction ID: 61015.C7661

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Larry Sanders

Mailing Address 2221 Hilton Ave.

City State Zip Code  
Columbus GA 31906

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

Name of Employer Columbus Regional  
Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61015.C7580

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 8697 Canal Dr.

City State Zip Code  
Jonesboro GA 30236

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

Name of Employer Morehouse School of Medicine  
Occupation president

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 61015.C7498

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2600 Devon Drive

City State Zip Code  
Albany GA 31721

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

Name of Employer Mt. Zion Baptist Church  
Occupation minister

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7631

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Ernest Sledge

Mailing Address 241 N Lake Dr.

City State Zip Code  
Cataula GA 31804

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

Name of Employer Occupation  
L & S Services, LLC vice president

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

Transaction ID: 61015.C7551

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Col. (Ret.) James Smith

Mailing Address 1362 Meadow Trl.

City State Zip Code  
Franktown CO 80116-791

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

Name of Employer Occupation  
B D Systems Exec VP

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: 61015.C7570

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address P. O. Box 50114

City State Zip Code  
Albany GA 31703

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

Name of Employer Occupation  
ASU professor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7608

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Joe Tanner

Mailing Address 50 Hurt Plaza Ste 930

City Atlanta State GA Zip Code 30303

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

Name of Employer Tanner & Assoc Occupation consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: 61015.C7528

Amount of Each Receipt this Period  
 1700.00

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

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

Mailing Address Joe Tanner & Assoc.  
50 Hurt Plaza Ste 930

City Atlanta State GA Zip Code 30303

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

Name of Employer Tanner & Assoc Occupation consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 61015.C7565

Amount of Each Receipt this Period  
 400.00

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

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

Mailing Address P. O. Box 71087

City Albany State GA Zip Code 31708

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

Name of Employer Usry Consulting Occupation consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 61015.C7616

Amount of Each Receipt this Period  
 500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Joel Wernick

Mailing Address 417 Byron Plantation Rd.

City Albany State GA Zip Code 31707

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

Name of Employer Phoebe Putney Mem Hosp Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61015.C7617

Amount of Each Receipt this Period  
 1250.00

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

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

Mailing Address 417 Byron Plantation Rd.

City Albany State GA Zip Code 31707

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

Name of Employer self-employed Occupation homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61015.C7618

Amount of Each Receipt this Period  
 1250.00

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

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

Mailing Address 9861 Broken Land Pkwy Ste 150

City Columbia State MD Zip Code 21046

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

Name of Employer Advanced Concepts Inc Occupation ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61015.C7593

Amount of Each Receipt this Period  
 2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Maj Gen (Ret.) Jerry White

Mailing Address 6825 Cooper Oaks Rd.

City State Zip Code  
Columbus GA 31904

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

Name of Employer  
Natl Infantry Foundation

Occupation  
exec dir

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7632

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 220 Elmwood Dr.

City State Zip Code  
Springboro OH 45066

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

Name of Employer  
CDO Technologies

Occupation  
president & ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7634

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 150 Moss Creek Walk

City State Zip Code  
Fairburn GA 30213

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

Name of Employer  
R. D. Wood Insurance Agency

Occupation  
insurance agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: 61015.C7633

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Atty. Joel Wooten

Mailing Address P. O. Box 2766

City State Zip Code  
Columbus GA 31902

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

Name of Employer Occupation  
Butler Wooten Overby Chee-ley P atty

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

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: 61015.C7571

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 3315 Stafford Wright Rd.

City State Zip Code  
Valdosta GA 31602

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

Name of Employer Occupation  
Doug Wright Concrete Services ceo

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

2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: 61015.C7637

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 1186

City State Zip Code  
Columbus GA 31901

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

Name of Employer Occupation  
retired retired

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

4200.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61015.C7666

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>71221.00</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 57 / 114	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

**A.** Full Name (Last, First, Middle Initial)  
Macon County Democratic Party

Mailing Address Mr. Robert Fear  
P. O. Box 732

City Montezuma State GA Zip Code 31063

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

Name of Employer Macon County Democratic Party Occupation party committee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Transaction ID: 61015.C7523

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 114  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address 1246 1st Ave.

City State Zip Code  
Columbus GA 31901-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8250.55

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 61015.C7677

Amount of Each Receipt this Period  
369.00

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

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

Mailing Address 1246 1st Ave.

City State Zip Code  
Columbus GA 31901-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8985.85

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 61015.C7678

Amount of Each Receipt this Period  
735.30

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

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

Mailing Address 1246 1st Ave.

City State Zip Code  
Columbus GA 31901-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8994.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 61015.C7676

Amount of Each Receipt this Period  
8.99

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1113.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1113.29</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. 21st Century Democrats</b>		Transaction ID: 61015.E3908 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1731 Conn. Ave. NW		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009-	Purpose of Disbursement sponsorship Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) <b>B. AFLAC</b>		Transaction ID: 61015.E3907 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address 1932 Wynnton Rd.		Amount of Each Disbursement this Period 1320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31999-	Purpose of Disbursement fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING

Full Name (Last, First, Middle Initial) <b>C. Albany Herald</b>		Transaction ID: 61015.E3909 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 126 N Washington St		Amount of Each Disbursement this Period 101.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31701-	Purpose of Disbursement subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1721.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Alltel</b>		Transaction ID: 61015.E3910 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address 2700 Dawson Rd. Ste. 10		Amount of Each Disbursement this Period 721.33	
City Albany State GA Zip Code 31707-	Purpose of Disbursement cellular service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	CELLULAR SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alltel</b>		Transaction ID: 61015.E3911 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 2700 Dawson Rd. Ste. 10		Amount of Each Disbursement this Period 1264.57	
City Albany State GA Zip Code 31707-	Purpose of Disbursement cellular service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	CELLULAR SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alltel</b>		Transaction ID: 61015.E3912 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2006	
Mailing Address 2700 Dawson Rd. Ste. 10		Amount of Each Disbursement this Period 638.07	
City Albany State GA Zip Code 31707-	Purpose of Disbursement cellular service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	CELLULAR SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2623.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Aristotle, Inc.</b>		<b>Transaction ID: 61015.E3914</b> Date of Disbursement MM / DD / YYYY 07 / 06 / 2006	
Mailing Address 205 Penn Ave.		Amount of Each Disbursement this Period 1605.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement maintenance fee Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>MAINTENANCE FEE</b>		

Full Name (Last, First, Middle Initial) <b>B. Aristotle, Inc.</b>		<b>Transaction ID: 61015.E3915</b> Date of Disbursement MM / DD / YYYY 08 / 03 / 2006	
Mailing Address 205 Penn Ave.		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement software renewal Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>SOFTWARE RENEWAL</b>		

Full Name (Last, First, Middle Initial) <b>C. Art Sign Co.</b>		<b>Transaction ID: 61015.E3916</b> Date of Disbursement MM / DD / YYYY 08 / 13 / 2006	
Mailing Address P. O. Box 50186		Amount of Each Disbursement this Period 250.00	
City Albany State GA Zip Code 31703-	Purpose of Disbursement overhead Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>OVERHEAD</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6855.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Art Sign Co.</b>		Transaction ID: 61015.E3917 Date of Disbursement 08 / 19 / 2006	
Mailing Address P. O. Box 50186		Amount of Each Disbursement this Period 916.99	
City Albany State GA Zip Code 31703-	Purpose of Disbursement overhead Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OVERHEAD	

Full Name (Last, First, Middle Initial) <b>B. ASU Natl Alumni Asso</b>		Transaction ID: 61015.E3918 Date of Disbursement 08 / 19 / 2006	
Mailing Address P. O. Box 4969		Amount of Each Disbursement this Period 300.00	
City Albany State GA Zip Code 31706-	Purpose of Disbursement sponsorship Candidate Name	012 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP	

Full Name (Last, First, Middle Initial) <b>C. BellSouth Telecommunications</b>		Transaction ID: 61015.E3919 Date of Disbursement 07 / 06 / 2006	
Mailing Address P. O. Box 467624		Amount of Each Disbursement this Period 296.67	
City Atlanta State GA Zip Code 31146-	Purpose of Disbursement telephone service Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1513.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. BellSouth Telecommunications</b>		Transaction ID: 61015.E3920 Date of Disbursement 08 / 13 / 2006	
Mailing Address P. O. Box 467624		Amount of Each Disbursement this Period 989.84	
City Atlanta State GA Zip Code 31146-	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	TELEPHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BellSouth Telecommunications</b>		Transaction ID: 61015.E3921 Date of Disbursement 09 / 22 / 2006	
Mailing Address P. O. Box 467624		Amount of Each Disbursement this Period 905.69	
City Atlanta State GA Zip Code 31146-	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	TELEPHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Danielle Blackwell</b>		Transaction ID: 61015.E3923 Date of Disbursement 07 / 01 / 2006	
Mailing Address 1612 Fort Dupont St. SE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20020-	Purpose of Disbursement staff moving expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	STAFF MOVING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6895.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Danielle Blackwell		<b>Transaction ID:</b> 61015.E3924 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 26 / 2006	
Mailing Address 1612 Fort Dupont St. SE		Amount of Each Disbursement this Period 4466.75	
City Washington State DC Zip Code 20020-	Purpose of Disbursement staff salaries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	STAFF SALARIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Danielle Blackwell		<b>Transaction ID:</b> 61015.E3925 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 1612 Fort Dupont St. SE		Amount of Each Disbursement this Period 4534.23	
City Washington State DC Zip Code 20020-	Purpose of Disbursement staff salaries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	STAFF SALARIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Danielle Blackwell		<b>Transaction ID:</b> 61015.E3926 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 01 / 2006	
Mailing Address 1612 Fort Dupont St. SE		Amount of Each Disbursement this Period 4534.23	
City Washington State DC Zip Code 20020-	Purpose of Disbursement staff salaries	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	STAFF SALARIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13535.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Danielle Blackwell</b> Full Name (Last, First, Middle Initial) Mailing Address 1612 Fort Dupont St. SE City Washington State DC Zip Code 20020-		<b>Transaction ID: 61016.E4108</b> Date of Disbursement 09 / 29 / 2006
Purpose of Disbursement: staff salaries Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 4534.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>STAFF SALARIES</b>
Category/Type: 001		

<b>B. BP Oil</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9070 City Des Moines State IA Zip Code 50368-9070		<b>Transaction ID: 61015.E3929</b> Date of Disbursement 07 / 02 / 2006
Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 418.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS</b>
Category/Type: 002		

<b>C. BP Oil</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9070 City Des Moines State IA Zip Code 50368-9070		<b>Transaction ID: 61015.E3930</b> Date of Disbursement 07 / 28 / 2006
Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 480.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS</b>
Category/Type: 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5433.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. BP Oil</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9070 City Des Moines State IA Zip Code 50368-9070 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3931</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 389.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS</b>
--	--	--

<b>B. Mr. John Braswell</b> Full Name (Last, First, Middle Initial) Mailing Address Gemini System 1915 S County Line Rd City Albany State GA Zip Code 31705- Purpose of Disbursement computer installation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3933</b> Date of Disbursement 09 / 21 / 2006 Amount of Each Disbursement this Period 1150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>COMPUTER INSTALLATION</b>
--	--	---

<b>C. Cassidy &amp; Assoc.</b> Full Name (Last, First, Middle Initial) Mailing Address 700 Thirteenth St NW Ste 400 City Washington State DC Zip Code 20005- Purpose of Disbursement fundraising expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3936</b> Date of Disbursement 07 / 29 / 2006 Amount of Each Disbursement this Period 1584.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FUNDRAISING EXPENSES</b>
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3123.42</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Columbus Bank &amp; Trust Co</b>		<b>Transaction ID:</b> 61015.E3937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 120		Amount of Each Disbursement this Period 386.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31902-	Purpose of Disbursement payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. Columbus Bank &amp; Trust Co</b>		<b>Transaction ID:</b> 61015.E3938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address P. O. Box 120		Amount of Each Disbursement this Period 3453.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31902-	Purpose of Disbursement payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>C. Columbus Bank &amp; Trust Co</b>		<b>Transaction ID:</b> 61015.E3941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 120		Amount of Each Disbursement this Period 4490.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31902-	Purpose of Disbursement payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8330.49</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Chehaw Council BSA</b>		<b>Transaction ID:</b> 61015.E3943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 1522 Mitchell Ave.		Amount of Each Disbursement this Period 500.00
City Albany State GA Zip Code 31705-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donations Candidate Name	012 Category/ Type	DONATIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chevron</b>		<b>Transaction ID:</b> 61015.E3946 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 2001		Amount of Each Disbursement this Period 364.51
City Concord State CA Zip Code 94529-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	002 Category/ Type	GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chevron</b>		<b>Transaction ID:</b> 61015.E3947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 2001		Amount of Each Disbursement this Period 304.46
City Concord State CA Zip Code 94529-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	002 Category/ Type	GAS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1168.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Chevron</b> Full Name (Last, First, Middle Initial) Chevron Mailing Address P. O. Box 2001 City Concord State CA Zip Code 94529- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3948</b> Date of Disbursement 08 / 06 / 2006 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>B. Chevron</b> Full Name (Last, First, Middle Initial) Chevron Mailing Address P. O. Box 2001 City Concord State CA Zip Code 94529- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3949</b> Date of Disbursement 08 / 19 / 2006 Amount of Each Disbursement this Period 75.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>C. CITGO</b> Full Name (Last, First, Middle Initial) CITGO Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3951</b> Date of Disbursement 07 / 02 / 2006 Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	93.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. CITGO</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3952</b> Date of Disbursement 07 / 29 / 2006 Amount of Each Disbursement this Period 246.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>B. CITGO</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3953</b> Date of Disbursement 08 / 06 / 2006 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>C. CITGO</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 29190 City Shawnee Msn State KS Zip Code 66201- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3954</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 159.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GAS
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	431.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Columbus State University</b>		<b>Transaction ID:</b> 61015.E3969 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 4225 University Avenue		Amount of Each Disbursement this Period 39.00
City Columbus State GA Zip Code 31993-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation	Candidate Name	DONATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cooper Craft Comm Inc</b>		<b>Transaction ID:</b> 61015.E3959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 357		Amount of Each Disbursement this Period 785.57
City Sylvester State GA Zip Code 31791-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone installation	Candidate Name	TELEPHONE INSTALLATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Copy Club/Parcel Plus</b>		<b>Transaction ID:</b> 61015.E3963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 85 Fifth St N Ste D		Amount of Each Disbursement this Period 2194.43
City Atlanta State GA Zip Code 30308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising expense	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3019.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Creighton</b>		<b>Transaction ID: 61015.E3964</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 2000.00	
City Columbus State GA Zip Code 31903-	Purpose of Disbursement moving expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**MOVING EXPENSE**

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank Creighton</b>		<b>Transaction ID: 61015.E3965</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 1095.70	
City Columbus State GA Zip Code 31903-	Purpose of Disbursement payroll expense Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**PAYROLL EXPENSE**

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Creighton</b>		<b>Transaction ID: 61015.E3966</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 1095.70	
City Columbus State GA Zip Code 31903-	Purpose of Disbursement payroll expense Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**PAYROLL EXPENSE**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4191.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Creighton</b>		<b>Transaction ID:</b> 61015.E3967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 21.18
City Columbus State GA Zip Code 31903-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense	Category/Type 002	TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank Creighton</b>		<b>Transaction ID:</b> 61015.E3968 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 1095.70
City Columbus State GA Zip Code 31903-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll	Category/Type 001	PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Creighton</b>		<b>Transaction ID:</b> 61016.E4109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1738 Ft. Benning Rd		Amount of Each Disbursement this Period 1095.70
City Columbus State GA Zip Code 31903-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll	Category/Type 001	PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2212.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Comm.</b>		<b>Transaction ID:</b> 61015.E3971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 430 So Capitol St SE 2nd FL		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dues Candidate Name	001 Category/Type	<b>DUES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		<b>Transaction ID:</b> 61015.E3973 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 20575		Amount of Each Disbursement this Period 472.20
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel Candidate Name	002 Category/Type	<b>TRAVEL</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>		<b>Transaction ID:</b> 61015.E3976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 4550		Amount of Each Disbursement this Period 43.19
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	002 Category/Type	<b>GAS</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25515.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Exxon</b>		Transaction ID: 61015.E3977 Date of Disbursement 07 / 29 / 2006	
Mailing Address P. O. Box 4550		Amount of Each Disbursement this Period 56.84	
City Carol Stream	State IL	Zip Code 60197-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GAS
Purpose of Disbursement gas		Category/ Type 002	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon</b>		Transaction ID: 61015.E3978 Date of Disbursement 08 / 19 / 2006	
Mailing Address P. O. Box 4550		Amount of Each Disbursement this Period 94.97	
City Carol Stream	State IL	Zip Code 60197-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GAS
Purpose of Disbursement gas		Category/ Type 002	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>		Transaction ID: 61015.E3979 Date of Disbursement 09 / 21 / 2006	
Mailing Address P. O. Box 4550		Amount of Each Disbursement this Period 194.39	
City Carol Stream	State IL	Zip Code 60197-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GAS
Purpose of Disbursement gas		Category/ Type 002	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	346.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Ga Dept of Revenue</b>		<b>Transaction ID:</b> 61015.E3988 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 740387		Amount of Each Disbursement this Period 147.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0387	Purpose of Disbursement payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. Georgia Power</b>		<b>Transaction ID:</b> 61015.E3989 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address 704 N Westover Blvd		Amount of Each Disbursement this Period 22.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement utility Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITY

Full Name (Last, First, Middle Initial) <b>C. Georgia Power</b>		<b>Transaction ID:</b> 61015.E3990 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 704 N Westover Blvd		Amount of Each Disbursement this Period 238.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement utility Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	407.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Georgia Power</b>		Transaction ID: 61015.E3991 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 704 N Westover Blvd		Amount of Each Disbursement this Period 393.92
City Albany State GA Zip Code 31707-	Purpose of Disbursement utility Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITY

Full Name (Last, First, Middle Initial) <b>B. Georgia Power</b>		Transaction ID: 61015.E3992 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 704 N Westover Blvd		Amount of Each Disbursement this Period 384.75
City Albany State GA Zip Code 31707-	Purpose of Disbursement utility Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITY

Full Name (Last, First, Middle Initial) <b>C. Henny Penny Video</b>		Transaction ID: 61015.E3999 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 563		Amount of Each Disbursement this Period 400.00
City Colquitt State GA Zip Code 39837-	Purpose of Disbursement advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1178.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		<b>Transaction ID: 61015.E4083</b> Date of Disbursement 08 / 03 / 2006	
Mailing Address 1219 Westover Blvd.		Amount of Each Disbursement this Period 116.59	
City Albany State GA Zip Code 31707-	Purpose of Disbursement supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Home Depot</b>		<b>Transaction ID: 61015.E4001</b> Date of Disbursement 09 / 20 / 2006	
Mailing Address 1219 Westover Blvd.		Amount of Each Disbursement this Period 75.00	
City Albany State GA Zip Code 31707-	Purpose of Disbursement supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Internet Service of Albany</b>		<b>Transaction ID: 61015.E4002</b> Date of Disbursement 07 / 02 / 2006	
Mailing Address P. O. Box 603		Amount of Each Disbursement this Period 109.80	
City Albany State GA Zip Code 31707-	Purpose of Disbursement internet service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	INTERNET SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	301.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Internet Service of Albany</b>		<b>Transaction ID:</b> 61015.E4003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 603		Amount of Each Disbursement this Period 54.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement internet service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type INTERNET SERVICE

Full Name (Last, First, Middle Initial) <b>B. Internet Service of Albany</b>		<b>Transaction ID:</b> 61015.E4004 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 603		Amount of Each Disbursement this Period 54.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement internet service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type INTERNET SERVICE

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Lawson</b>		<b>Transaction ID:</b> 61015.E4012 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 6885 Moultrie Rd.		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31705-	Purpose of Disbursement facility electrical expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type FACILITY ELECTRICAL EXPEN-SE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	859.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Mr. Robert Lawson</b> Full Name (Last, First, Middle Initial) Mailing Address 6885 Moultrie Rd. City Albany State GA Zip Code 31705-		<b>Transaction ID: 61015.E4013</b> Date of Disbursement 09 / 21 / 2006
Purpose of Disbursement: electrical work Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ELEDTRICAL WORK</b>
Category/Type: <b>001</b>		

<b>B. Leadfoots Petro</b> Full Name (Last, First, Middle Initial) Mailing Address 106 N Walnut St City Leesburg State GA Zip Code 31763-		<b>Transaction ID: 61015.E4015</b> Date of Disbursement 08 / 28 / 2006
Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 285.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS</b>
Category/Type: <b>002</b>		

<b>C. Leadfoots Petro</b> Full Name (Last, First, Middle Initial) Mailing Address 106 N Walnut St City Leesburg State GA Zip Code 31763-		<b>Transaction ID: 61015.E4016</b> Date of Disbursement 09 / 20 / 2006
Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS</b>
Category/Type: <b>002</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>605.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Lowes of Albany</b>		<b>Transaction ID:</b> 61015.E4017 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1200 N Westover Blvd.		Amount of Each Disbursement this Period 17.08
City Albany State GA Zip Code 31707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement supplies	Candidate Name	SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lowes of Albany</b>		<b>Transaction ID:</b> 61015.E4018 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 1200 N Westover Blvd.		Amount of Each Disbursement this Period 27.74
City Albany State GA Zip Code 31707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement light fixtures	Candidate Name	LIGHT FIXTURES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lowes of Albany</b>		<b>Transaction ID:</b> 61015.E4019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1200 N Westover Blvd.		Amount of Each Disbursement this Period 15.39
City Albany State GA Zip Code 31707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement supplies	Candidate Name	SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	60.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Lowes of Albany</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 N Westover Blvd. City Albany State GA Zip Code 31707- Purpose of Disbursement supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E4020</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 195.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SUPPLIES</b>
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<b>B. Marriott</b> Full Name (Last, First, Middle Initial) Mailing Address 3935 Centerview Dr. City Chantilly State VA Zip Code 20151- Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E4022</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 64.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>LODGING</b>
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<b>C. Alan Mauldin</b> Full Name (Last, First, Middle Initial) Mailing Address 314 N Green St. City Doerun State GA Zip Code 31744- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E4024</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 2327.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2587.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Alan Mauldin</b>		Transaction ID: 61015.E4025 Date of Disbursement 09 / 01 / 2006	
Mailing Address 314 N Green St.		Amount of Each Disbursement this Period 2327.58	
City Doerun State GA Zip Code 31744-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Alan Mauldin</b>		Transaction ID: 61015.E4026 Date of Disbursement 09 / 30 / 2006	
Mailing Address 314 N Green St.		Amount of Each Disbursement this Period 2327.58	
City Doerun State GA Zip Code 31744-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

Full Name (Last, First, Middle Initial) <b>C. MCI Center</b>		Transaction ID: 61015.E4027 Date of Disbursement 07 / 03 / 2006	
Mailing Address 601 F St NW		Amount of Each Disbursement this Period 2168.50	
City Washington State DC Zip Code 20004-	Purpose of Disbursement fundraising Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

FUNDRAISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6823.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. MCI Center</b>		Transaction ID: 61015.E4096 Date of Disbursement 08 / 11 / 2006	
Mailing Address 601 F St NW		Amount of Each Disbursement this Period 138.80	
City Washington State DC Zip Code 20004-	Purpose of Disbursement fundraising Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FUNDRAISING</b>		

Full Name (Last, First, Middle Initial) <b>B. MediaCom</b>		Transaction ID: 61015.E4028 Date of Disbursement 07 / 28 / 2006	
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 60.00	
City Atlanta State GA Zip Code 30348-	Purpose of Disbursement internet service Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>INTERNET SERVICE</b>		

Full Name (Last, First, Middle Initial) <b>C. MediaCom</b>		Transaction ID: 61015.E4029 Date of Disbursement 08 / 19 / 2006	
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 60.00	
City Atlanta State GA Zip Code 30348-	Purpose of Disbursement internet service Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>INTERNET SERVICE</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	258.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 114

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. MediaCom</b>		<b>Transaction ID:</b> 61015.E4030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 324.48
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service Candidate Name	001 Category/Type	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MediaCom</b>		<b>Transaction ID:</b> 61015.E4031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 80.00
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service Candidate Name	001 Category/Type	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MediaCom</b>		<b>Transaction ID:</b> 61015.E4032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P. O. Box 105138		Amount of Each Disbursement this Period 114.25
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service Candidate Name	001 Category/Type	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	518.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Natl Democratic Club</b>		Transaction ID: 61015.E4035 Date of Disbursement 09 / 04 / 2006	
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 169.32	
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement fundraising Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. Natl Comm for an Effective Congress</b>		Transaction ID: 61015.C7674IK Date of Disbursement 09 / 15 / 2006	
Mailing Address Mr. James Byron 122 C St. NW Ste 650		Amount of Each Disbursement this Period 3000.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. NGP Software</b>		Transaction ID: 61015.E4036 Date of Disbursement 08 / 19 / 2006	
Mailing Address 1101 Vermont Ave NW Ste710		Amount of Each Disbursement this Period 3700.00	
City Washington State DC Zip Code 20005-	Purpose of Disbursement software Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6869.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. NGP Software</b>		Transaction ID: 61015.E4037 Date of Disbursement 09 / 04 / 2006
Mailing Address 1101 Vermont Ave NW Ste710		Amount of Each Disbursement this Period 4200.00
City Washington State DC Zip Code 20005-	Purpose of Disbursement computer maint.	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER MAINT.

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Transaction ID: 61015.E4038 Date of Disbursement 07 / 06 / 2006
Mailing Address 2406 Westgate Dr.		Amount of Each Disbursement this Period 94.34
City Albany State GA Zip Code 31706-	Purpose of Disbursement supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 61015.E4039 Date of Disbursement 08 / 06 / 2006
Mailing Address 2406 Westgate Dr.		Amount of Each Disbursement this Period 108.07
City Albany State GA Zip Code 31706-	Purpose of Disbursement supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4402.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		<b>Transaction ID:</b> 61015.E4040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 2406 Westgate Dr.		Amount of Each Disbursement this Period 35.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31706-	Purpose of Disbursement supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		<b>Transaction ID:</b> 61015.E4041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1016 N Westover Blvd.		Amount of Each Disbursement this Period 85.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID:</b> 61015.E4042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1016 N Westover Blvd.		Amount of Each Disbursement this Period 128.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	249.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Rudy Parker</b>		Transaction ID: 61015.E4043 Date of Disbursement 07 / 27 / 2006	
Mailing Address 427 Robinson Ave.		Amount of Each Disbursement this Period 544.65	
City Albany State GA Zip Code 31701-	Purpose of Disbursement casual labor Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

CASUAL LABOR

Full Name (Last, First, Middle Initial) <b>B. Rudy Parker</b>		Transaction ID: 61015.E4044 Date of Disbursement 08 / 19 / 2006	
Mailing Address 427 Robinson Ave.		Amount of Each Disbursement this Period 201.63	
City Albany State GA Zip Code 31701-	Purpose of Disbursement travel expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Rudy Parker</b>		Transaction ID: 61015.E4045 Date of Disbursement 09 / 21 / 2006	
Mailing Address 427 Robinson Ave.		Amount of Each Disbursement this Period 50.00	
City Albany State GA Zip Code 31701-	Purpose of Disbursement gas Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

GAS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	796.28
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Tamir Parker</b>		Transaction ID: 61015.E4046 Date of Disbursement 08 / 14 / 2006	
Mailing Address 427 Robinson Ave		Amount of Each Disbursement this Period 755.54	
City Albany State GA Zip Code 31701-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Transaction ID: 61015.E4049 Date of Disbursement 08 / 03 / 2006	
Mailing Address Albany/Cols		Amount of Each Disbursement this Period 639.60	
City Columbus State GA Zip Code 31907-	Purpose of Disbursement postage Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

POSTAGE

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Transaction ID: 61015.E4089 Date of Disbursement 08 / 06 / 2006	
Mailing Address Albany/Cols		Amount of Each Disbursement this Period 143.44	
City Columbus State GA Zip Code 31907-	Purpose of Disbursement postage Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

POSTAGE

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

1538.58

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address Albany/Cols City Columbus State GA Zip Code 31907- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61015.E4050 <b>Date of Disbursement</b> 08 / 14 / 2006 Amount of Each Disbursement this Period 250.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>POSTAGE</b>
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<b>B. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address Albany/Cols City Columbus State GA Zip Code 31907- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61015.E4051 <b>Date of Disbursement</b> 08 / 14 / 2006 Amount of Each Disbursement this Period 43.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>POSTAGE</b>
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<b>C. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address Albany/Cols City Columbus State GA Zip Code 31907- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61015.E4052 <b>Date of Disbursement</b> 09 / 04 / 2006 Amount of Each Disbursement this Period 378.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>POSTAGE</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	671.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<p><b>A. Postmaster</b></p> <p>Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. for Congress</p> <p>Mailing Address Albany/Cols</p> <p>City Columbus State GA Zip Code 31907-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61015.E4053</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>POSTAGE</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>B. Gary Powell</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3107 Furman Lane #302</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement relocation expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61015.E4054</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RELOCATION EXPENSES</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>C. Gary Powell</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3107 Furman Lane #302</p> <p>City Alexandria State VA Zip Code 22306-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61015.E4055</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2896.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5528.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Gary Powell</b>		<b>Transaction ID:</b> 61015.E4056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3107 Furman Lane #302		Amount of Each Disbursement this Period 2896.00
City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gary Powell</b>		<b>Transaction ID:</b> 61015.E4057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3107 Furman Lane #302		Amount of Each Disbursement this Period 2896.00
City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gary Powell</b>		<b>Transaction ID:</b> 61015.E4058 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 3107 Furman Lane #302		Amount of Each Disbursement this Period 2896.00
City Alexandria State VA Zip Code 22306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8688.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs. Evelyn Turner Pugh</b>		<b>Transaction ID:</b> 61015.E4059 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address 325 Jefferson Dr		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31907-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Mrs. Evelyn Turner Pugh</b>		<b>Transaction ID:</b> 61015.E4060 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 325 Jefferson Dr		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31907-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Mrs. Evelyn Turner Pugh</b>		<b>Transaction ID:</b> 61015.E4061 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 325 Jefferson Dr		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31907-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Rental Service Corp</b>		<b>Transaction ID:</b> 61015.E4064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address 406 Sands Dr #A		Amount of Each Disbursement this Period 450.41
City Albany State GA Zip Code 31705-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement hdqtrs. opening	Candidate Name	HDQTRS. OPENING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sams Club</b>		<b>Transaction ID:</b> 61015.E4065 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 1201 N Westover Blvd		Amount of Each Disbursement this Period 6209.36
City Albany State GA Zip Code 31707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising expense	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sams Club</b>		<b>Transaction ID:</b> 61015.E4066 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 1201 N Westover Blvd		Amount of Each Disbursement this Period 421.20
City Albany State GA Zip Code 31707-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement supplies	Candidate Name	SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7080.97</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Sams Club</b>		Transaction ID: 61015.E4067 Date of Disbursement 08 / 28 / 2006	
Mailing Address 1201 N Westover Blvd		Amount of Each Disbursement this Period 44.69	
City Albany State GA Zip Code 31707-	Purpose of Disbursement supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUPPLIES**

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Transaction ID: 61015.E4069 Date of Disbursement 07 / 02 / 2006	
Mailing Address Processing Center		Amount of Each Disbursement this Period 125.67	
City Des Moines State IA Zip Code 50367-	Purpose of Disbursement gas Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**GAS**

Full Name (Last, First, Middle Initial) <b>C. Shell Oil</b>		Transaction ID: 61015.E4070 Date of Disbursement 07 / 29 / 2006	
Mailing Address Processing Center		Amount of Each Disbursement this Period 180.67	
City Des Moines State IA Zip Code 50367-	Purpose of Disbursement gas Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**GAS**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>351.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Transaction ID: 61015.E4071 Date of Disbursement 08 / 19 / 2006
Mailing Address Processing Center		Amount of Each Disbursement this Period 204.85
City Des Moines State IA Zip Code 50367-	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GAS

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Transaction ID: 61015.E4072 Date of Disbursement 09 / 21 / 2006
Mailing Address Processing Center		Amount of Each Disbursement this Period 141.05
City Des Moines State IA Zip Code 50367-	Purpose of Disbursement gas Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GAS

Full Name (Last, First, Middle Initial) <b>C. Sisters Inc.</b>		Transaction ID: 61015.E4074 Date of Disbursement 07 / 05 / 2006
Mailing Address P. O. Box 12096		Amount of Each Disbursement this Period 500.00
City Columbus State GA Zip Code 31917-	Purpose of Disbursement sponsorship Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SPONSORSHIP

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	845.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 61015.E4076 Date of Disbursement MM / DD / YYYY 07 / 06 / 2006	
Mailing Address 501 North Slappy Blvd		Amount of Each Disbursement this Period 6.40	
City Albany State GA Zip Code 31701-	Purpose of Disbursement supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 61015.E4077 Date of Disbursement MM / DD / YYYY 08 / 06 / 2006	
Mailing Address 501 North Slappy Blvd		Amount of Each Disbursement this Period 112.69	
City Albany State GA Zip Code 31701-	Purpose of Disbursement supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: 61015.E4078 Date of Disbursement MM / DD / YYYY 09 / 04 / 2006	
Mailing Address 501 North Slappy Blvd		Amount of Each Disbursement this Period 254.56	
City Albany State GA Zip Code 31701-	Purpose of Disbursement supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	373.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Stonebridge Golf Course</b>		<b>Transaction ID:</b> 61015.E4080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 6
Mailing Address P. O. Box 70009		Amount of Each Disbursement this Period 11125.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31708-0009	Purpose of Disbursement fundraising Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING

Full Name (Last, First, Middle Initial) <b>B. Trinity Investments</b>		<b>Transaction ID:</b> 61015.E4085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address 1704 Gillionville Rd		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement campgn hdqtrs lease Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPGN HDQTRS LEASE

Full Name (Last, First, Middle Initial) <b>C. Trinity Investments</b>		<b>Transaction ID:</b> 61015.E4086 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1704 Gillionville Rd		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State GA Zip Code 31707-	Purpose of Disbursement campgn hdqtrs lease Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPGN HDQTRS LEASE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13525.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<b>A. Trinity Investments</b> Full Name (Last, First, Middle Initial) Mailing Address 1704 Gillionville Rd City Albany State GA Zip Code 31707- Purpose of Disbursement campgn hdqtrs lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E4087</b> Date of Disbursement 09 / 04 / 2006 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CAMPGN HDQTRS LEASE</b>
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<b>B. Tuskegee Morehouse Alumni</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 12353 City Columbus State GA Zip Code 31917- Purpose of Disbursement ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E4088</b> Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>AD</b>
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<b>C. Urban League of Greater Columbus</b> Full Name (Last, First, Middle Initial) Mailing Address 802 1st Avenue City Columbus State GA Zip Code 31901- Purpose of Disbursement donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61015.E3993</b> Date of Disbursement 07 / 05 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>DONATION</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 114

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. US Hse Members Dine</b>		<b>Transaction ID:</b> 61015.E4090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 38.90
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEAL
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. US Hse Members Dine</b>		<b>Transaction ID:</b> 61015.E4091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 30.65
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEAL
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Communication</b>		<b>Transaction ID:</b> 61015.E4092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address    1300 I Street		Amount of Each Disbursement this Period 202.55
City Washington	State DC	
Zip Code 20005-	Purpose of Disbursement cellular service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE
State:            District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	272.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Communication</b>		<b>Transaction ID:</b> 61015.E4093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1300 I Street		Amount of Each Disbursement this Period 195.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Purpose of Disbursement cellular service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE

Full Name (Last, First, Middle Initial) <b>B. Verizon Communication</b>		<b>Transaction ID:</b> 61015.E4094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 1300 I Street		Amount of Each Disbursement this Period 176.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Purpose of Disbursement cellular service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE

Full Name (Last, First, Middle Initial) <b>C. Verizon Communication</b>		<b>Transaction ID:</b> 61015.E4095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address 1300 I Street		Amount of Each Disbursement this Period 187.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Purpose of Disbursement cellular service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>559.75</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Winning Image Production Co</b>		<b>Transaction ID: 61015.E4103</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6	
Mailing Address P. O. Box 310025		Amount of Each Disbursement this Period 5067.50	
City Atlanta State GA Zip Code 31131-	Purpose of Disbursement fundraising expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	<b>FUNDRAISING EXPENSE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Woods Gallery</b>		<b>Transaction ID: 61015.E4107</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6	
Mailing Address 1117 St. Andrews Dr.		Amount of Each Disbursement this Period 288.86	
City Albany State GA Zip Code 31707-	Purpose of Disbursement framing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>FRAMING</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

5356.36

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

164121.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Boswell for Congress</b>		<b>Transaction ID: 61015.E3928</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 6220		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement political contributions Candidate Name LEONARD L. BOSWELL Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Braley for Congress</b>		<b>Transaction ID: 61015.E3932</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 247 Sheridan Rd.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterloo State IA Zip Code 50701-	Purpose of Disbursement political contribution Candidate Name BRUCE L. BRALEY Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brian Higgins for Congress</b>		<b>Transaction ID: 61015.E3934</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 28		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14220-	Purpose of Disbursement political contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Charlie Melancon Campaign Committee</b>		<b>Transaction ID: 61015.E3942</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 549		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Napoleonville State LA Zip Code 70390-	011 Category/Type	
Purpose of Disbursement political contributions Candidate Name CHARLIE JR MELANCON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chet Edwards for Congress</b>		<b>Transaction ID: 61015.E3957</b> Date of Disbursement 09 / 07 / 2006
Mailing Address Hon. Chet Edwards P. O. Box 23273		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waco State TX Zip Code 76702-3273	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name CHET EDWARDS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings for Congress</b>		<b>Transaction ID: 61015.E3950</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 988 Boulevard of Arts. #510		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34236-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name CHRISTINE L JENNINGS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<p><b>A. Comm Re-elect Ed Towns</b></p> <p>Full Name (Last, First, Middle Initial) Hon Ed Towns 438 Lewis Ave</p> <p>Mailing Address</p> <p>City: Brooklyn State: NY Zip Code: 11233-</p> <p>Purpose of Disbursement: political contribution</p> <p>Candidate Name: EDOLPHUS TOWNS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 10</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61015.E3956</p> <p><b>Date of Disbursement:</b> 08 / 16 / 2006</p> <p><b>Amount of Each Disbursement this Period:</b> 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>B. Comm to Bring Back Baron</b></p> <p>Full Name (Last, First, Middle Initial) P. O. Box 1071</p> <p>Mailing Address</p> <p>City: Seymour State: IN Zip Code: 47274-</p> <p>Purpose of Disbursement: political contribution</p> <p>Candidate Name: BARON P HILL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 09</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61015.E3955</p> <p><b>Date of Disbursement:</b> 09 / 07 / 2006</p> <p><b>Amount of Each Disbursement this Period:</b> 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>C. Democratic Congressional Campaign Comm.</b></p> <p>Full Name (Last, First, Middle Initial) 430 So Capitol St SE 2nd FL</p> <p>Mailing Address</p> <p>City: Washington State: DC Zip Code: 20003-</p> <p>Purpose of Disbursement: unlimited transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61015.E3972</p> <p><b>Date of Disbursement:</b> 09 / 07 / 2006</p> <p><b>Amount of Each Disbursement this Period:</b> 50000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>52000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Darcy Burner for Congress</b>		<b>Transaction ID:</b> 61015.E3970 <b>Date of Disbursement</b> 09 / 07 / 2006
Mailing Address P. O. Box 1090		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carnation State WA Zip Code 98014-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name DARCY BURNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Farrell for Congress</b>		<b>Transaction ID:</b> 61015.E3980 <b>Date of Disbursement</b> 09 / 07 / 2006
Mailing Address P. O. Box 5136		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Westport State CT Zip Code 06881-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name DIANE GOSS FARRELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Charlie Wilson</b>		<b>Transaction ID:</b> 61015.E3983 <b>Date of Disbursement</b> 09 / 07 / 2006
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bridgeport State OH Zip Code 43912-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name CHARLES A JR WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 114

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Friends of Congressman Tim Holden</b>		<b>Transaction ID: 61015.E3984</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 37		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Clair	State PA	
Zip Code 17970-	Purpose of Disbursement political contribution Candidate Name T. TIMOTHY HOLDEN Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Marshall</b>		<b>Transaction ID: 61015.E3985</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 125		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon	State GA	
Zip Code 31201-	Purpose of Disbursement political contribution Candidate Name Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Barrow</b>		<b>Transaction ID: 61015.E3986</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 8166		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Savannah	State GA	
Zip Code 31412-	Purpose of Disbursement political contribution Candidate Name JOHN J BARROW Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 114

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harold Ford Jr for Tennessee</p>		<p><b>Transaction ID:</b> 61015.E3998 <b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	9		2	0	0	6													
<p>Mailing Address 5120 Barry Rd. Ste 1300</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1000.00																			
1000.00																						
<p>City Memphis State TN Zip Code 38117-</p>	<p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Category/Type: 011</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Wetherington for Mayor</p>		<p><b>Transaction ID:</b> 61015.E4006 <b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	6													
<p>Mailing Address P. O. Box 5307</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1000.00																			
1000.00																						
<p>City Columbus State GA Zip Code 31906-</p>	<p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Category/Type: 011</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>C.</b> Full Name (Last, First, Middle Initial) John Salazar for Congress</p>		<p><b>Transaction ID:</b> 61015.E4007 <b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	7		2	0	0	6													
<p>Mailing Address P. O. Boxx 534</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1000.00																			
1000.00																						
<p>City Pueblo State CO Zip Code 81002-</p>	<p>Purpose of Disbursement political contribution</p> <p>Candidate Name JOHN TONY SALAZAR</p> <p>Category/Type: 011</p>																					
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 03</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>3000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 114

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Klein for Congress</b>		Transaction ID: 61015.E4008 Date of Disbursement 09 / 07 / 2006
Mailing Address 21301 Powerline Rd Ste 204		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boca Raton	State FL	
Zip Code 33433-		
Purpose of Disbursement 1 political contribution		
Candidate Name RON KLEIN		001 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>B. Lucas for Congress</b>		Transaction ID: 61015.E4021 Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 175765		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft Mitchell	State KY	
Zip Code 41017-		
Purpose of Disbursement political contribution		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matheson for Congress</b>		Transaction ID: 61015.E4023 Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 521048 Ste A		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salt Lake City	State UT	
Zip Code 84152-		
Purpose of Disbursement political contribution		
Candidate Name JAMES DAVID MATHESON		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID: 61015.E4033</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 3068		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Barrington State IL Zip Code 60010-	Purpose of Disbursement political contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		<b>Transaction ID: 61015.E4034</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 16031		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shawnee Mission State KS Zip Code 66285-	Purpose of Disbursement political contribution Candidate Name DENNIS MOORE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Patrick Murphy for Congress</b>		<b>Transaction ID: 61015.E4047</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 868		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Levittown State PA Zip Code 19058-	Purpose of Disbursement political contributions Candidate Name PATRICK J MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Perlmutter for Congress</b>		Transaction ID: 61015.E4048 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 3440 Youngfield St. #264		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheat Ridge State CO Zip Code 80033-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name EDWIN PERLMUTTER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07		

Full Name (Last, First, Middle Initial) <b>B. Bob Poydasheff 2006</b>		Transaction ID: 61015.E3927 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 1354 13th St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State GA Zip Code 31901-	011 Category/Type	
Purpose of Disbursement political contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sestak for Congress</b>		Transaction ID: 61015.E4068 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address P. O. Box 16		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Media State PA Zip Code 19063-	011 Category/Type	
Purpose of Disbursement political contributions Candidate Name JOSEPH A JR. SESTAK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

Full Name (Last, First, Middle Initial) <b>A. Shuler for Congress</b>		Transaction ID: 61015.E4073 Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 97		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hazelwood State NC Zip Code 28738-	Purpose of Disbursement political contributions Candidate Name JOSEPH HEATH SHULER Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Spratt for Congress</b>		Transaction ID: 61015.E4075 Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 830		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City York State SC Zip Code 29745-	Purpose of Disbursement political contribution Candidate Name JOHN M JR SPRATT Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stephanie Herseth for Congress</b>		Transaction ID: 61015.E4079 Date of Disbursement 09 / 07 / 2006
Mailing Address P. O. Box 2009		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57101-	Purpose of Disbursement political contribution Candidate Name STEPHANIE M HERSETH Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sanford D. Bishop, Jr. for Congress

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

Mailing Address P. O. Box 807

City Radcliff State KY Zip Code 40159-

Purpose of Disbursement  
political contributions

Candidate Name  
JOHN MICHAEL WEAVER

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 61015.E4101  
Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

80000.00