



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Boyd for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	99642.32	608566.38
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99642.32	606566.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	51149.24	211480.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	184.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51149.24	211296.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1029813.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Boyd for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

25450.00

168248.85

(ii) Unitemized.....

1100.00

7829.53

(iii) TOTAL of contributions

26550.00

176078.38

from individuals..... ▶

0.00

7.07

(b) Political Party Committees.....

73092.32

432480.93

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

99642.32

608566.38

(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

184.96

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

9595.64

41288.52

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

109237.96

650039.86

**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.....	51149.24	211480.98
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	2000.00
(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	2000.00
21. OTHER DISBURSEMENTS.....	25000.00	97000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>76149.24</b>	<b>310480.98</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	996724.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	109237.96
25. SUBTOTAL (add Line 23 and Line 24).....	1105962.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76149.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1029813.21

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)  
(Millionaires' Amendment)**

<b>Name of Candidate</b> Allen Boyd		<b>Candidate ID Number</b> H6FL00046
<b>Name of Principal Campaign Committee</b> Boyd for Congress		<b>Committee ID Number</b> C C00310607
<b>Committee Address</b> P.O. Box 15703		
<b>City</b> Tallahassee	<b>State</b> FL	<b>ZIP</b> 32317
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	616285.50	30542.32
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	616285.50	30542.32

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 80  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Boyd for Congress

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

Mailing Address 1997 Glenfield Crossing Ct

City State Zip Code  
Saint Augustine FL 32092

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2007

**Transaction ID:** C12911

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address PO Box 459

City State Zip Code  
Batesville TX 78829-0459

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

Name of Employer Capital Hill Group Occupation Chairman

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

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C12957

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1546 Grape St

City State Zip Code  
Tallahassee FL 32303-5638

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

Name of Employer First Impression Painting Occupation Painter

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

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID:** C12937

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 7 / 80
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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Corr		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 858 Point La Vista Rd N		Transaction ID: C12899
	City Jacksonville	State FL	Zip Code 32207-6203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer St. Joe Corp.	Occupation Sr. Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

<b>B.</b>	Full Name (Last, First, Middle Initial) Clyde Davis		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 20 South 5th St		Transaction ID: C12869
	City Fernandina Beach	State FL	Zip Code 32034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert R. Feagin, III		Date of Receipt MM / DD / YYYY 10 / 18 / 2007
	Mailing Address PO Drawer 810		Transaction ID: C12918
	City Tallahassee	State FL	Zip Code 32302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Holland & Knight Law Firm	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Martin Fiorentino, Jr.

Mailing Address 1520 Sawgrass Village Dr  
# 373

City State Zip Code  
Ponte Vedra Beach FL 32082-5052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fiorentino & Hewett Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2007

**Transaction ID:** C12877

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jorge Gonzalez

Mailing Address 10453 Valentine Rd South

City State Zip Code  
Tallahassee FL 32317

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2007

**Transaction ID:** C12908

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
William B. Greene

Mailing Address 459 Royal Tern Rd S

City State Zip Code  
Ponte Vedra Beach FL 32082-7230

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St. Joe Land Company Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2007

**Transaction ID:** C12898

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 80  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Preston H. Haskell

Mailing Address PO Box 44100

City Jacksonville State FL Zip Code 32231-4100

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

Name of Employer The Haskell Co. Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2007  
Transaction ID: C12885  
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 8975 Winged Foot Dr

City Tallahassee State FL Zip Code 32312-4041

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2007  
Transaction ID: C12907  
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 5983 Colonel Scott Dr

City Tallahassee State FL Zip Code 32309

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

Name of Employer St. Joe Company Occupation VP Environmental Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2007  
Transaction ID: C12904  
Amount of Each Receipt this Period: 500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 80  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Michael Kenney

Mailing Address 2141 Crown Dr

City State Zip Code  
Saint Augustine FL 32092

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

Name of Employer Occupation  
Merrill Lynch Investments

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

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

**Transaction ID: C12878**

Amount of Each Receipt this Period  
550.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Michael Langton

Mailing Address 1300 Oak Haven Rd

City State Zip Code  
Jacksonville FL 32207-2219

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

Name of Employer Occupation  
Langton Associates President

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

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

**Transaction ID: C12868**

Amount of Each Receipt this Period  
1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Christine Marx

Mailing Address 2054 Riverside Ave, Apt 6202

City State Zip Code  
Ponte Vedra Beach FL 32082-2109

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

Name of Employer Occupation  
St. Joe Corp. General Counsel

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

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

**Transaction ID: C12882**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 80  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

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

Mailing Address 3324 Southwestern

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
St. Joe Company CFO

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

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

**Transaction ID: C12900**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2850 Royal Isle Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

**Transaction ID: C12905**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 943 Brookwood Rd

City State Zip Code  
Jacksonville FL 32207-4211

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

Name of Employer Occupation  
Investec Services, Inc. Real Estate Broker

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

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

**Transaction ID: C12873**

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 80  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary Nelson Morgan

Mailing Address 943 Brookwood Rd

City Jacksonville State FL Zip Code 32207-4211

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

Name of Employer Cole Stone Stoudemire & Morgan Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 01 / 2007

Transaction ID: C12874

Amount of Each Receipt this Period: 500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Christopher L. Nuland

Mailing Address 1000 Riverside Ave STE 115

City Jacksonville State FL Zip Code 32204-4110

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 01 / 2007

Transaction ID: C12890

Amount of Each Receipt this Period: 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Desmond O'Neill

Mailing Address 2979 Verdura Point Dr

City Tallahassee State FL Zip Code 32311

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 03 / 2007

Transaction ID: C12916

Amount of Each Receipt this Period: 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Camp Peavey

Mailing Address 2304 Tallahassee Dr

City Tallahassee State FL Zip Code 32309-3147

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

Name of Employer  
Camp Peavey Insurance Agency  
Occupation  
Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: C12947

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Pittman

Mailing Address 6429 Lovedale Rd

City Bascom State FL Zip Code 32423-9325

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

Name of Employer  
Florida Farm Bureau Federation  
Occupation  
State Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: C12934

Amount of Each Receipt this Period  
400.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Van Poole

Mailing Address 106 E College Ave  
STE 1100

City Tallahassee State FL Zip Code 32301-7747

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

Name of Employer  
Dutko, Poole, McKinley  
Occupation  
Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: C12906

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
David Rancourt

Mailing Address 2000 Dogwood Hill

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Southern Strategy Group      Occupation Consultant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Ray

Mailing Address 24445 Moss Creek Ln

City State Zip Code  
Ponte Vedra Beach FL 32082-2163

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

Name of Employer St. Joe Corp.      Occupation Sr. Vice. Pres.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Robert M. Rhodes

Mailing Address 424 E Bay St

City State Zip Code  
Jacksonville FL 32202

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

Name of Employer Foley & Lardner, LLP      Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 80  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Peter Rummell

Mailing Address 2538 River Rd

City Jacksonville State FL Zip Code 32207-4019

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

Name of Employer St. Joe Corp. Occupation C.E.O.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 10 / 01 / 2007

Transaction ID: C12902

Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Peter Rummell

Mailing Address 2538 River Rd

City Jacksonville State FL Zip Code 32207-4019

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

Name of Employer St. Joe Corp. Occupation C.E.O.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 10 / 01 / 2007

Transaction ID: C12901

Amount of Each Receipt this Period 2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Scott A. Sanders

Mailing Address 2704 Waterford Glen Ct

City Tallahassee State FL Zip Code 32312-4088

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2007

Transaction ID: C12909

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 80
	<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)  
Boyd for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerold Ludwig Schiebler	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 408 Beachside Pl	<b>Transaction ID:</b> C12895
	City State Zip Code Fernandina Beach FL 32034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Healthcare Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joi Sheffield	Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 500 Peabody St NW	<b>Transaction ID:</b> C12959
	City State Zip Code Washington DC 20011	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Sheffield Brothers Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Solomon	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 24477 Harbour View Dr	<b>Transaction ID:</b> C12870
	City State Zip Code Ponte Vedra Beach FL 32082-2167	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer St. Joe Corp. Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial) John Thrasher		Date of Receipt MM / DD / YYYY 10 / 09 / 2007
Mailing Address 1303 Oaklanding Ln		<b>Transaction ID:</b> C12912
City Orange Park	State FL	Zip Code 32003-9017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Southern Strategy Group	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) N.H. Tucker, III		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 4061 McGirts Blvd		<b>Transaction ID:</b> C12894
City Jacksonville	State FL	Zip Code 32210-4340
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas C. Webb		Date of Receipt MM / DD / YYYY 10 / 09 / 2007
Mailing Address PO Box 12758		<b>Transaction ID:</b> C12915
City Tallahassee	State FL	Zip Code 32317-2758
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Real Estate Developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial) Leonard Wood		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 4936 Keystone Ln		<b>Transaction ID:</b> C12879
City Fernandina Beach	State FL	Zip Code 32034-5434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Howell & Wood Inc.	Occupation Forester	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Brian Yablonski		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 7073 Ox Bow Rd		<b>Transaction ID:</b> C12903
City Tallahassee	State FL	Zip Code 32312-3580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Joe Corp.	Occupation VP Public Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	25450.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 Abbott Park Rd.  
D312 AP6D

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: C12942

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C12954

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: C12919

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 80  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7

Transaction ID: C12917

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Penn. Avenue NW  
#500 South Bldg.

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C12966

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 555 13th Street  
Suite 600 West

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C12951

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 80

(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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE BUSCH PLACE 202-5

City State Zip Code  
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: C12941

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: C12965

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 100 North Tryon Street

City State Zip Code  
Charlotte NC 28255

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: C12940

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1310 G STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

**Transaction ID:** C12883

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2007

**Transaction ID:** C12972

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
CONAGRA FOODS GOOD GOVERNMENT ASSOCIATION

Mailing Address ONE CONAGRA DRIVE

City State Zip Code  
OMAHA NE 68102

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2007

**Transaction ID:** C12943

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12876

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CUBIC CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 9333 Balboa Ave. M/S 10-2

City San Diego State CA Zip Code 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12921

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12929

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

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

**Transaction ID:** C12973

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	7

**Transaction ID:** C12927

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  

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

**Transaction ID:** C12962

Amount of Each Receipt this Period  
1500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 80

(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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F Street NW  
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12910

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
FLORIDA HEALTH POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 6936

City Jacksonville State FL Zip Code 32236

FEC ID number of contributing federal political committee. **C** C00161141

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12884

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
FLORIDA ROCK INDUSTRIES INC GOOD GOVERNMENT COMMITTEE

Mailing Address 155 EAST 21ST STREET/PO BOX 4667

City JACKSONVILLE State FL Zip Code 32201

FEC ID number of contributing federal political committee. **C** C00125716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C12875

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
FMR CORP. POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 82 Devonshire Street

City State Zip Code  
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C12960

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
HARRIS FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1025 W. NASA BLVD.

City State Zip Code  
MELBOURNE FL 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C12955

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2007

**Transaction ID:** C12926

Amount of Each Receipt this Period  
1500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 80

(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)  
Boyd for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)		Date of Receipt																				
	Mailing Address 412 First Street SE Suite 300		<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>1</td><td>2</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	4	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	2	4	/	2	0	0	7													
	City State Zip Code Washington DC 20003		Transaction ID: C12975																				
FEC ID number of contributing federal political committee. <b>C</b> C00022343		Amount of Each Receipt this Period 1000.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND		Date of Receipt																				
	Mailing Address One Johnson & Johnson Plaza		<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>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	0	6	/	2	0	0	7													
	City State Zip Code New Brunswick NJ 08933		Transaction ID: C12950																				
FEC ID number of contributing federal political committee. <b>C</b> C00010983		Amount of Each Receipt this Period 1000.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) MERCK EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)		Date of Receipt																				
	Mailing Address 601 Pennsylvania Ave. NW North Building Suite 1200		<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>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1	/	1	9	/	2	0	0	7													
	City State Zip Code Washington DC 20004		Transaction ID: C12961																				
FEC ID number of contributing federal political committee. <b>C</b> C00097485		Amount of Each Receipt this Period 2000.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00																					

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

4000.00

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

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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
MERRILL LYNCH & CO. INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 Pennsylvania Avenue NW  
NORTH TOWER - 31ST FLOOR

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00040550

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 19 / 2007

**Transaction ID:** C12944

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City CENTENNIAL State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY  
10 / 01 / 2007

**Transaction ID:** C12881

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F Street N.W.  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** C12945

Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2007

Mailing Address 1200 17TH STREET N.W.

Transaction ID: C12971

City WASHINGTON State DC Zip Code 20036

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMUNICATIONS EDUCATION COM

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2007

Mailing Address 4121 Wilson Blvd.  
10th Floor

Transaction ID: C12930

City Arlington State VA Zip Code 22203

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nelnet Higher Education Access PAC

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

Mailing Address 1726 M Street NW Ste 701

Transaction ID: C12946

City Washington State DC Zip Code 20036

Amount of Each Receipt this Period  
1000.00

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address Three Commercial Place

City State Zip Code  
Norfolk VA 23510

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C12956

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 Constitution Avenue  
600 W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C12953

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

**Transaction ID:** C12970

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 80  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Mailing Address 1100 15TH STREET NW SUITE 900

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C12969

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Mailing Address 1 ENERGY PLACE  
PO BOX 1151

City State Zip Code  
PENSACOLA FL 32520

FEC ID number of contributing federal political committee. **C** C00120519

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

Transaction ID: C12967

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Mailing Address 1 ENERGY PLACE  
PO BOX 1151

City State Zip Code  
PENSACOLA FL 32520

FEC ID number of contributing federal political committee. **C** C00120519

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 8 / 2 0 0 7

Transaction ID: C12949

Amount of Each Receipt this Period  
 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 80  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)  
 Mailing Address 11600 SALLIE MAE DRIVE  
 City RESTON State VA Zip Code 20193  
 Date of Receipt 10 / 03 / 2007  
 Transaction ID: C12923  
 Amount of Each Receipt this Period 2500.00  
 FEC ID number of contributing federal political committee. **C** C00331835  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE  
 Mailing Address 10260 CAMPUS POINT DRIVE F2  
 City SAN DIEGO State CA Zip Code 92121  
 Date of Receipt 10 / 01 / 2007  
 Transaction ID: C12922  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C** C00300418  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE  
 Mailing Address 10260 CAMPUS POINT DRIVE F2  
 City SAN DIEGO State CA Zip Code 92121  
 Date of Receipt 12 / 27 / 2007  
 Transaction ID: C12976  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C** C00300418  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **4500.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Smurfit-Stone PAC

Mailing Address 1200 Franklin St  
P.O. Box 457

City State Zip Code  
Fernandina Beach FL 32034-3376

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID: C12888**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

City State Zip Code  
JACKSONVILLE FL 32206

FEC ID number of contributing federal political committee. **C** C00312785

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID: C12886**

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
TECO ENERGY INC EMPLOYEES' PAC

Mailing Address 702 N FRANKLIN STREET

City State Zip Code  
TAMPA FL 33602

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID: C12974**

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 80  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

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

Mailing Address Five Moore Drive  
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
10 / 30 / 2007

**Transaction ID:** C12939

Amount of Each Receipt this Period 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
TIME WARNER POLITICAL ACTION CMTE

Mailing Address 800 Connecticut Ave. NW  
Suite 1200

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** C12952

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 First St. SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** C12964

Amount of Each Receipt this Period 1500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 12 / 18 / 2007  
**Transaction ID:** C12948  
Amount of Each Receipt this Period: 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 Fredericksburg Road  
ROOM 501

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 07 / 2007  
**Transaction ID:** C12963  
Amount of Each Receipt this Period: 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 I Street NW  
Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 26 / 2007  
**Transaction ID:** C12932  
Amount of Each Receipt this Period: 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 I Street NW  
Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 31 / 2007  
Transaction ID: C12933  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS PAC

Mailing Address 100 West Putnam Avenue

City Greenwich State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 10 / 01 / 2007  
Transaction ID: C12928  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATION INC GOOD GOVT CLUB

Mailing Address 771 Parkway Ave

City Ewing State NJ Zip Code 08618

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 28 / 2007  
Transaction ID: C12936  
Amount of Each Receipt this Period: 2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 37 / 80  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: MM / DD / YYYY  
10 / 01 / 2007

Transaction ID: C12925

Amount of Each Receipt this Period: 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 2345 Crystal Drive Suite 708

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00097550

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
12 / 05 / 2007

Transaction ID: C12958

Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6592.32

Date of Receipt: MM / DD / YYYY  
10 / 03 / 2007

Transaction ID: C12982

Amount of Each Receipt this Period: 92.32

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

\* In-Kind: Meals for Fund-raiser

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3092.32

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

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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE  
 Mailing Address 805 FIFTEENTH ST NW SUITE 430  
 City State Zip Code  
 WASHINGTON DC 20005  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7  
 Transaction ID: C12931  
 Amount of Each Receipt this Period  
 1500.00  
 FEC ID number of contributing federal political committee. **C** C00147173  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 6592.32  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE  
 Mailing Address 805 FIFTEENTH ST NW SUITE 430  
 City State Zip Code  
 WASHINGTON DC 20005  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7  
 Transaction ID: C12924  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C** C00147173  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 6592.32  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WYETH GOOD GOVERNMENT FUND  
 Mailing Address Five Giralda Farms  
 City State Zip Code  
 Madison NJ 07940  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 7  
 Transaction ID: C12968  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C** C00115303  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00  
 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

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1800 Concord Pike PO Box 15437

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C12938

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	73092.32

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Capital City Bank  
Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt  

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

**Transaction ID:** C12989

Amount of Each Receipt this Period  
445.73

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

**B.** Full Name (Last, First, Middle Initial)  
Capital City Bank  
Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt  

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

**Transaction ID:** C12984

Amount of Each Receipt this Period  
1087.47

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

**C.** Full Name (Last, First, Middle Initial)  
Capital City Bank  
Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt  

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

**Transaction ID:** C12983

Amount of Each Receipt this Period  
6.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1539.22**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt

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

Transaction ID: C12990

Amount of Each Receipt this Period

462.52

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

**B.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt

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

Transaction ID: C12986

Amount of Each Receipt this Period

7.38

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

**C.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt

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

Transaction ID: C12985

Amount of Each Receipt this Period

1085.20

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

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

1555.10

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

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

**Transaction ID:** C12991

Amount of Each Receipt this Period  
449.55

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

**B.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** C12988

Amount of Each Receipt this Period  
2.83

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

**C.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 900

City State Zip Code  
Tallahassee FL 32302-0900

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19838.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** C12987

Amount of Each Receipt this Period  
1096.12

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1548.50**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 80  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Farmers & Merchants Bank

Mailing Address PO Box 391

City Monticello State FL Zip Code 32345-0391

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 16120.57

Date of Receipt 11 / 23 / 2007

**Transaction ID: C12980**

Amount of Each Receipt this Period 2928.27

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

**B.** Full Name (Last, First, Middle Initial)  
Farmers & Merchants Bank

Mailing Address PO Box 391

City Monticello State FL Zip Code 32345-0391

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 16120.57

Date of Receipt 12 / 21 / 2007

**Transaction ID: C12981**

Amount of Each Receipt this Period 1963.36

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

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

Mailing Address 1927 1st Ave N

City Birmingham State AL Zip Code 35203-4024

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5329.14

Date of Receipt 10 / 31 / 2007

**Transaction ID: C12977**

Amount of Each Receipt this Period 22.06

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4913.69

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 80

(check only one)

<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.**

Full Name (Last, First, Middle Initial)  
NBC Securities

Mailing Address 1927 1st Ave N

City State Zip Code  
Birmingham AL 35203-4024

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5329.14

Date of Receipt

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

Transaction ID: C12978

Amount of Each Receipt this Period

19.00
-------

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

**B.**

Full Name (Last, First, Middle Initial)  
NBC Securities

Mailing Address 1927 1st Ave N

City State Zip Code  
Birmingham AL 35203-4024

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5329.14

Date of Receipt

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

Transaction ID: C12979

Amount of Each Receipt this Period

20.13
-------

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

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

39.13
-------

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

9595.64
---------

# 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

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)  
Boyd for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Advanced Business Systems</p> <p>Mailing Address 1236 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-6149</p> <p>Purpose of Disbursement Copies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5067</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 17.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alltel</p> <p>Mailing Address PO Box 96019</p> <p>City Charlotte State NC Zip Code 28296-0019</p> <p>Purpose of Disbursement Campaign Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5099</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 46.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alltel</p> <p>Mailing Address PO Box 96019</p> <p>City Charlotte State NC Zip Code 28296-0019</p> <p>Purpose of Disbursement Campaign Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5108</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 57.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

120.39

**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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Florida

Mailing Address PO Box 2913

City Jacksonville State FL Zip Code 32231-0024

Purpose of Disbursement  
Insurance Premium

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5096

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

282.00

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

B.

Full Name (Last, First, Middle Initial)  
F. Allen Boyd, Jr.

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-5703

Purpose of Disbursement  
Postage Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5118

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

5.25

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

C.

Full Name (Last, First, Middle Initial)  
Budget Storage

Mailing Address 2816 Joel Brown Dr

City Tallahassee State FL Zip Code 32301-3584

Purpose of Disbursement  
Storage Jan-March

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5109

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

202.57

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

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

489.82

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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Cafe Recess

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Catering Services

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5085

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

880.00

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

B.

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 900

City Tallahassee State FL Zip Code 32302-0900

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5121

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

30.00

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

C.

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 900

City Tallahassee State FL Zip Code 32302-0900

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5122

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

36.30

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

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

946.30

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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Capital City Bank

Transaction ID: D5123

Date of Disbursement

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

Mailing Address PO Box 900

Amount of Each Disbursement this Period

30.00
-------

City Tallahassee State FL Zip Code 32302-0900

Purpose of Disbursement  
Credit Card Processing Fee

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Carios Group, Inc.

Transaction ID: D5097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	7	

Mailing Address 1950 Butler Pike # 204

Amount of Each Disbursement this Period

156.25
--------

City Conshohocken State PA Zip Code 19428-1202

Purpose of Disbursement  
Website Consulting

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: D5081

Date of Disbursement

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

Mailing Address PO Box 1140

Amount of Each Disbursement this Period

38.07
-------

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
Shipping Expense

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

224.32

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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: D5098

Date of Disbursement

Mailing Address PO Box 1140

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	7	7

City State Zip Code  
Memphis TN 38101-1140

Amount of Each Disbursement this Period

56.41
-------

Purpose of Disbursement  
Shipping Expense

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: D5111

Date of Disbursement

Mailing Address PO Box 1140

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

City State Zip Code  
Memphis TN 38101-1140

Amount of Each Disbursement this Period

60.40
-------

Purpose of Disbursement  
Shipping Expense

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Jon M. Ausman

Transaction ID: D5083

Date of Disbursement

Mailing Address 2202 Woodlawn Dr

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

City State Zip Code  
Tallahassee FL 32303-3915

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Consulting Services

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

5116.81
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Beth Ann Matuga</p> <p>Mailing Address 4715 Planters Ridge Dr</p> <p>City Tallahassee State FL Zip Code 32311-1256</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5074</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 258.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Beth Ann Matuga</p> <p>Mailing Address 4715 Planters Ridge Dr</p> <p>City Tallahassee State FL Zip Code 32311-1256</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5117</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 301.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1101 Vermont Ave NW STE 710</p> <p>City Washington State DC Zip Code 20005-3521</p> <p>Purpose of Disbursement Software and Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5075</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

709.60

**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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) NGP Software <hr/> Mailing Address 1101 Vermont Ave NW STE 710 <hr/> City Washington State DC Zip Code 20005-3521 <hr/> Purpose of Disbursement Software & Support Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5080 Date of Disbursement 10 / 17 / 2007 <hr/> 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.	Full Name (Last, First, Middle Initial) Shred-it <hr/> Mailing Address 614 Fortune Blvd <hr/> City Midway State FL Zip Code 32343-6606 <hr/> Purpose of Disbursement Shredding Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5066 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Summit East <hr/> Mailing Address 1700 Summit Lake Dr <hr/> City Tallahassee State FL Zip Code 32317-7942 <hr/> Purpose of Disbursement Long Distance Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5076 Date of Disbursement 10 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 8.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

218.40

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Summit East</p> <p>Mailing Address 1700 Summit Lake Dr</p> <p>City Tallahassee State FL Zip Code 32317-7942</p> <p>Purpose of Disbursement Office Rent &amp; Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5079</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1563.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Summit East</p> <p>Mailing Address 1700 Summit Lake Dr</p> <p>City Tallahassee State FL Zip Code 32317-7942</p> <p>Purpose of Disbursement Office Rent &amp; Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5091</p> <p>Date of Disbursement 11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 3117.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Summit East</p> <p>Mailing Address 1700 Summit Lake Dr</p> <p>City Tallahassee State FL Zip Code 32317-7942</p> <p>Purpose of Disbursement Office Rent &amp; Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5112</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1562.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**6243.89**

**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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) The National Democratic Club	Transaction ID: D5092 Date of Disbursement 11 / 09 / 2007
	Mailing Address 30 Ivy St SE	Amount of Each Disbursement this Period 341.22
	City Washington State DC Zip Code 20003-4006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The National Democratic Club	Transaction ID: D5113 Date of Disbursement 12 / 18 / 2007
	Mailing Address 30 Ivy St SE	Amount of Each Disbursement this Period 36.19
	City Washington State DC Zip Code 20003-4006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: D5082 Date of Disbursement 10 / 17 / 2007
	Mailing Address 1300 Centerville Road	Amount of Each Disbursement this Period 41.00
	City Tallahassee State FL Zip Code 32308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>418.41</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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) <b>WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE</b> Mailing Address 805 FIFTEENTH ST NW SUITE 430 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement: Meals for Fundraiser Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5119 Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 92.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received
B.	Full Name (Last, First, Middle Initial) <b>Elan Financial Services</b> Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement: Late Payment Fee Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4759 Date of Disbursement: 11 / 11 / 2007 Amount of Each Disbursement this Period: 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) <b>F. Allen Boyd, Jr.</b> Mailing Address PO Box 15703 City Tallahassee State FL Zip Code 32317-5703 Purpose of Disbursement: Reimbursement: See Below Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5068 Date of Disbursement: 10 / 04 / 2007 Amount of Each Disbursement this Period: 400.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>493.12</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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5163

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

400.80

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
F. Allen Boyd, Jr.

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-5703

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5069

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

359.99

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

C.

Full Name (Last, First, Middle Initial)  
Avis Rental Car

Mailing Address 1 Aviation Cir

City Washington State DC Zip Code 20001-6000

Purpose of Disbursement  
Rental Car

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5164

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

359.99

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

[MEMO ITEM]

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

359.99

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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) FABJ, Inc.	Transaction ID: D5070 Date of Disbursement 10 / 01 / 2007
	Mailing Address 806 Quitman Hwy N	Amount of Each Disbursement this Period 4520.00
	City Greenville State FL Zip Code 32331-6916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYROLL: SEE BELOW	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FABJ, Inc.	Transaction ID: D5162 Date of Disbursement 10 / 01 / 2007
	Mailing Address 806 Quitman Hwy N	Amount of Each Disbursement this Period 106.00
	City Greenville State FL Zip Code 32331-6916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Processing Fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Beth Ann Matuga	Transaction ID: D5161 Date of Disbursement 10 / 01 / 2007
	Mailing Address 4715 Planters Ridge Dr	Amount of Each Disbursement this Period 3862.25
	City Tallahassee State FL Zip Code 32311-1256	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll & Taxes 9/2007	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4520.00
<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)  
Boyd for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charity Williams</p> <p>Mailing Address 555 Massachusetts Ave NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll &amp; Taxes 9/2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5160 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 551.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Davey Consulting</p> <p>Mailing Address 8390 Crosslake Dr</p> <p>City Fairfax Station State VA Zip Code 22039-3216</p> <p>Purpose of Disbursement Retainer &amp; Reimb: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5071 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 5293.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bobby Vans Grille</p> <p>Mailing Address 1201 New York Ave NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Catering Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5073 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1743.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

5293.30

**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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address 1710 H St NW

City Washington State DC Zip Code 20006-4601

Purpose of Disbursement  
Phone Service  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5072  
Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

50.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
F. Allen Boyd, Jr.

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-5703

Purpose of Disbursement  
Reimbursement: See Below  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5077  
Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

355.62

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

C.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address Int'l Airport Dr

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
Airfare  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5148  
Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

345.61

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

355.62

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement

Travel Fee

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5147

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
F. Allen Boyd, Jr.

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-5703

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5078

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1211.15

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

C.

Full Name (Last, First, Middle Initial)  
Avis Rental Car

Mailing Address 1 Aviation Cir

City Washington State DC Zip Code 20001-6000

Purpose of Disbursement  
Rental Car

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5155

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

204.78

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

[MEMO ITEM]

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

1211.15

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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Avis Rental Car  Mailing Address 1 Aviation Cir  City Washington State DC Zip Code 20001-6000 Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5151 Date of Disbursement 10 / 17 / 2007  Amount of Each Disbursement this Period 199.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Avis Rental Car  Mailing Address 1 Aviation Cir  City Washington State DC Zip Code 20001-6000 Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5152 Date of Disbursement 10 / 17 / 2007  Amount of Each Disbursement this Period 243.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Exxon Mobile  Mailing Address 950 S Capitol St SE  City Washington State DC Zip Code 20003-3342 Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5154 Date of Disbursement 10 / 17 / 2007  Amount of Each Disbursement this Period 30.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Exxon Mobile

Transaction ID: D5153  
Date of Disbursement

Mailing Address 950 S Capitol St SE

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

City Washington State DC Zip Code 20003-3342

Amount of Each Disbursement this Period

10.33
-------

Purpose of Disbursement  
Fuel

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Exxon Mobile

Transaction ID: D5150  
Date of Disbursement

Mailing Address 950 S Capitol St SE

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

City Washington State DC Zip Code 20003-3342

Amount of Each Disbursement this Period

3.81
------

Purpose of Disbursement  
Fuel

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D5149  
Date of Disbursement

Mailing Address 5101 Northwest Dr

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

City Saint Paul State MN Zip Code 55111

Amount of Each Disbursement this Period

519.60
--------

Purpose of Disbursement  
Airfare

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

0.00
------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
F. Allen Boyd, Jr.

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-5703

Purpose of Disbursement  
Reimbursement: See Below  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D5084  
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

140.50

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

B.

Full Name (Last, First, Middle Initial)  
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement  
Airfare  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D5166  
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

116.10

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US Air

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement  
Airfare  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D5165  
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

24.40

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

[MEMO ITEM]

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

140.50

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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Elan Financial Services	Transaction ID: D5086 Date of Disbursement 10 / 25 / 2007
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 1858.87
	City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrew's Downtown	Transaction ID: D5129 Date of Disbursement 10 / 25 / 2007
	Mailing Address 228 S Adams St	Amount of Each Disbursement this Period 611.14
	City Tallahassee State FL Zip Code 32301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catering by Liza Grenamyer	Transaction ID: D5133 Date of Disbursement 10 / 25 / 2007
	Mailing Address 919 King St	Amount of Each Disbursement this Period 448.84
	City Jacksonville State FL Zip Code 32204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1858.87
<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Catering by Liza Grenamyer

Mailing Address 919 King St

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5134

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

89.77

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Cingular Wireless

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197-6463

Purpose of Disbursement  
Cellular Service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5136

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

468.05

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Cingular Wireless

Mailing Address 3521 Thomasville Rd  
STE C

City Tallahassee State FL Zip Code 32309-3481

Purpose of Disbursement  
Wireless Products

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5130

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

32.24

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D5131 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1416 Apalachee Pkwy	Amount of Each Disbursement this Period 20.63
	City Tallahassee State FL Zip Code 32301-3004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D5135 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1501 Apalachee Pkwy	Amount of Each Disbursement this Period 28.30
	City Tallahassee State FL Zip Code 32301-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Supplies for Event	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: D5128 Date of Disbursement 10 / 25 / 2007
	Mailing Address 1300 Centerville Road	Amount of Each Disbursement this Period 123.00
	City Tallahassee State FL Zip Code 32308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Postage	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 1300 Centerville Road City Tallahassee State FL Zip Code 32308 Purpose of Disbursement PO Box Renewal Candidate Name	Transaction ID: D5132 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 36.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Elan Financial Services Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Transaction ID: D5087 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 931.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Bobby Vans Grille Mailing Address 1201 New York Ave NW City Washington State DC Zip Code 20005 Purpose of Disbursement Meals Candidate Name	Transaction ID: D5126 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 47.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>931.42</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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Charlie Palmer Steak House

Transaction ID: D5127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Mailing Address 101 Constitution Ave NW

Amount of Each Disbursement this Period

221.50
--------

City Washington State DC Zip Code 20001-2140

Purpose of Disbursement  
Meals

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Cingular Wireless

Transaction ID: D5124

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Mailing Address 1730 Pennsylvania Ave NW

Amount of Each Disbursement this Period

86.27
-------

City Washington State DC Zip Code 20006-4709

Purpose of Disbursement  
Cell Phone Service

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Laloma Restaurant

Transaction ID: D5125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Mailing Address 316 Mass Ave. NE

Amount of Each Disbursement this Period

576.05
--------

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Meals

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

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

[MEMO ITEM]

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

0.00
------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
FABJ, Inc.

Transaction ID: D5088

Date of Disbursement

Mailing Address 806 Quitman Hwy N

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

City Greenville State FL Zip Code 32331-6916

Amount of Each Disbursement this Period

3955.00
---------

Purpose of Disbursement  
PAYROLL: SEE BELOW

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

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
FABJ, Inc.

Transaction ID: D5090

Date of Disbursement

Mailing Address 806 Quitman Hwy N

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

City Greenville State FL Zip Code 32331-6916

Amount of Each Disbursement this Period

92.75
-------

Purpose of Disbursement  
Payroll Processing Fee

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

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Beth Ann Matuga

Transaction ID: D5089

Date of Disbursement

Mailing Address 4715 Planters Ridge Dr

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

City Tallahassee State FL Zip Code 32311-1256

Amount of Each Disbursement this Period

3862.25
---------

Purpose of Disbursement  
Payroll & Taxes 10/2007

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

Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

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

3955.00
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Davey Consulting <hr/> Mailing Address 8390 Crosslake Dr <hr/> City State Zip Code Fairfax Station VA 22039-3216 <hr/> Purpose of Disbursement Retainer & Reimb: See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5093 Date of Disbursement 11 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 4240.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Charlie Palmer Steak House <hr/> Mailing Address 101 Constitution Ave NW <hr/> City State Zip Code Washington DC 20001-2140 <hr/> Purpose of Disbursement Event Meals/Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5095 Date of Disbursement 11 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 690.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address 1710 H St NW <hr/> City State Zip Code Washington DC 20006-4601 <hr/> Purpose of Disbursement Phone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5094 Date of Disbursement 11 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

4240.69

**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)  
Boyd for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) F. Allen Boyd, Jr. <hr/> Mailing Address PO Box 15703 <hr/> City Tallahassee State FL Zip Code 32317-5703 <hr/> Purpose of Disbursement Reimb: See Below Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 23.50 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Exxon Mobile <hr/> Mailing Address 950 S Capitol St SE <hr/> City Washington State DC Zip Code 20003-3342 <hr/> Purpose of Disbursement Fuel Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 23.50 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) FABJ, Inc. <hr/> Mailing Address 806 Quitman Hwy N <hr/> City Greenville State FL Zip Code 32331-6916 <hr/> Purpose of Disbursement Payroll: See Below Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5101 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 3955.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3978.50</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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) FABJ, Inc. <hr/> Mailing Address 806 Quitman Hwy N <hr/> City Greenville State FL Zip Code 32331-6916 <hr/> Purpose of Disbursement Payroll Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5102 Date of Disbursement 11 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 92.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Beth Ann Matuga <hr/> Mailing Address 4715 Planters Ridge Dr <hr/> City Tallahassee State FL Zip Code 32311-1256 <hr/> Purpose of Disbursement Payroll & Taxes 11/2007 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5103 Date of Disbursement 11 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 3862.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Elan Financial Services <hr/> Mailing Address PO Box 790408 <hr/> City Saint Louis State MO Zip Code 63179-0408 <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5104 Date of Disbursement 11 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 1530.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1530.92

**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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Bobby Vans Grille

Mailing Address 1201 New York Ave NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5140

Date of Disbursement

11 / 25 / 2007

Amount of Each Disbursement this Period

11.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Budget Rent-A-Car

Mailing Address 1620 L St NW

City Washington State DC Zip Code 20036-5605

Purpose of Disbursement  
Rental Car

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5143

Date of Disbursement

11 / 25 / 2007

Amount of Each Disbursement this Period

458.91

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Cingular Wireless

Mailing Address 1730 Pennsylvania Ave NW

City Washington State DC Zip Code 20006-4709

Purpose of Disbursement  
Cell Phone Service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5137

Date of Disbursement

11 / 25 / 2007

Amount of Each Disbursement this Period

88.11

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

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Florida Turnpike	Transaction ID: D5144 Date of Disbursement 11 / 25 / 2007
	Mailing Address Turnpike Mile Post 263	Amount of Each Disbursement this Period 3.89
	City Ocoee State FL Zip Code 34761	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Tolls Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lansdowne Resort	Transaction ID: D5139 Date of Disbursement 11 / 25 / 2007
	Mailing Address 44050 Woodridge Pkwy	Amount of Each Disbursement this Period 61.95
	City Leesburg State VA Zip Code 20176	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Morton's of Chicago Steakhouse	Transaction ID: D5138 Date of Disbursement 11 / 25 / 2007
	Mailing Address 1050 Connecticut Ave NW	Amount of Each Disbursement this Period 135.33
	City Washington State DC Zip Code 20036-5308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Turkey Lake Citgo

Mailing Address 236 Floral St

City Ocoee State FL Zip Code 34761

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5141

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Walt Disney World Resort

Mailing Address 1905 Hotel Plaza Blvd

City Lake Buena Vista State FL Zip Code 32830

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5146

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Walt Disney World Resort

Mailing Address 1905 Hotel Plaza Blvd

City Lake Buena Vista State FL Zip Code 32830

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5145

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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)  
Boyd for Congress

A.	Full Name (Last, First, Middle Initial) Winn-Dixie	Transaction ID: D5142 Date of Disbursement 11 / 25 / 2007
	Mailing Address 1245 S Jefferson St	Amount of Each Disbursement this Period 178.26
	City Monticello State FL Zip Code 32344-1633	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fundraiser Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) F. Allen Boyd, Jr.	Transaction ID: D5105 Date of Disbursement 12 / 05 / 2007
	Mailing Address PO Box 15703	Amount of Each Disbursement this Period 287.22
	City Tallahassee State FL Zip Code 32317-5703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Reimbursement: See Below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Fort Drum Citgo	Transaction ID: D5157 Date of Disbursement 12 / 05 / 2007
	Mailing Address Mile Marker 184 Florida Turnpike	Amount of Each Disbursement this Period 46.74
	City Okeechobee State FL Zip Code 34972	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	287.22
<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Fort Pierce Citgo

Mailing Address 145 Turnpike

City State Zip Code  
Fort Pierce FL 34984

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5159

Date of Disbursement

1 2 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period

50.97

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Lago Mar Resort

Mailing Address 1700 S Ocean Ln

City State Zip Code  
Fort Lauderdale FL 33316

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5158

Date of Disbursement

1 2 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period

189.51

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

[MEMO ITEM]

C.

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

Mailing Address 8390 Crosslake Dr

City State Zip Code  
Fairfax Station VA 22039-3216

Purpose of Disbursement  
Retainer & Reimb: See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5106

Date of Disbursement

1 2 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period

3550.00

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

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

3550.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address 1710 H St NW

City Washington State DC Zip Code 20006-4601

Purpose of Disbursement  
Phone Service  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D5107  
Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

50.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FABJ, Inc.

Mailing Address 806 Quitman Hwy N

City Greenville State FL Zip Code 32331-6916

Purpose of Disbursement  
PAYROLL: SEE BELOW  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D5114  
Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

3955.00

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

C.

Full Name (Last, First, Middle Initial)  
FABJ, Inc.

Mailing Address 806 Quitman Hwy N

City Greenville State FL Zip Code 32331-6916

Purpose of Disbursement  
Payroll Processing Fee  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D5115  
Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

92.75

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

[MEMO ITEM]

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

3955.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 80

<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Beth Ann Matuga

Mailing Address 4715 Planters Ridge Dr

City State Zip Code  
Tallahassee FL 32311-1256

Purpose of Disbursement  
Payroll & Taxes 12/2007

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5116

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		2	8		2	0	0	7

Amount of Each Disbursement this Period

3862.25
---------

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

**[MEMO ITEM]**

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ►

51149.24
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**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 80

<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)  
Boyd for Congress

A.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Transaction ID: D5110

Date of Disbursement

Mailing Address 430 S Capitol St SE

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

City Washington State DC Zip Code 20003-4024

Amount of Each Disbursement this Period

25000.00
----------

Purpose of Disbursement  
Transfer

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

25000.00
----------

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

25000.00
----------

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 80 / 80	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Boyd for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Plante & Associates, Inc.			Nature of Debt (Purpose): research
Mailing Address 1503 Viewmont Dr			
City Charleston	State WV	ZIP Code 25302-2441	

Outstanding Balance Beginning This Period		Transaction ID: D479	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	2000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	2000.00