

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 07 OCT 17 PM 12:06

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

HOLLINGS FOR SENATE

ADDRESS (number and street)

PO BOX 20906

Check if different than previously reported. (ACC)

CHARLESTON

SC

29417

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

00028332

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

SC

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM

DD

YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM

DD

YYYY

in the State of

5. Covering Period

MM

DD

YYYY

through

MM

DD

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CLAUDE BALDWIN

Signature of Treasurer

Claude Baldwin

Date

MM

DD

YYYY

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

2702035358

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2007

To:

MM / DD / YYYY
09 / 30 / 2007

	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))....	0	1,613,257.70
(b) Total Contribution Refunds (from Line 20(d))	0	233,100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0	1,380,157.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3,817.23	596,974.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	24,483.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3,817.23	621,458.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1,123,356.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:

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

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

27020353590

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

HOLLINGS FOR SENATE

Report Covering the Period: From: **07 / 01 / 2007**

To: **09 / 30 / 2007**

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).....	⊘	⊘
(ii) Unitemized.....	⊘	⊘
(iii) TOTAL of contributions from individuals ▶	⊘	898,257.71
(b) Political Party Committees.....	⊘	⊘
(c) Other Political Committees (such as PACs).....	⊘	697,175.00
(d) The Candidate.....	⊘	⊘
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	⊘	1,595,432.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	⊘	⊘
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	⊘	⊘
(b) All Other Loans.....	⊘	⊘
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	⊘	⊘
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	⊘	24,483.27
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	⊘	⊘
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	⊘	1,619,915.90

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3,817.23	858,585.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	175,000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	142,600.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	90,500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	233,100.00
21. OTHER DISBURSEMENTS.....	115,000.00	367,000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15,317.23	1,635,685.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	127,673.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0
25. SUBTOTAL (add Line 23 and Line 24).....	127,673.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15,317.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112,356.62

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

<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)

HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 07 / 19 / 2007
Mailing Address P.O. BOX 1262		Amount of Each Disbursement this Period 83.05
City CHARLOTTE	State NC	
Zip Code 28201		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 19 / 2007
Mailing Address P.O. BOX 60073		Amount of Each Disbursement this Period 1,177.54
City CITY OF INDUSTRY	State CA	
Zip Code 91716		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement RECEPTION	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 08 / 16 / 2007
Mailing Address P.O. BOX 1262		Amount of Each Disbursement this Period 81.02
City CHARLOTTE	State NC	
Zip Code 28201		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1,341.62
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)		PAGE 6 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement 08 / 17 / 2007
Mailing Address P.O. BOX 60073		Amount of Each Disbursement this Period 1,190.38
City CITY OF INDUSTRY CA	State CA	
Zip Code 91716		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONSTITUENT MEETING		
Candidate Name 001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement 09 / 14 / 2007
Mailing Address P.O. BOX 1262		Amount of Each Disbursement this Period 8201
City CHARLOTTE	State NC	
Zip Code 28201		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		
Candidate Name 001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement 09 / 15 / 2007
Mailing Address P.O. BOX 60073		Amount of Each Disbursement this Period 1,203.23
City CITY OF INDUSTRY CA	State CA	
Zip Code 91716		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEETING - RECEPTION		
Candidate Name 001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2475.62
TOTAL This Period (last page this line number only).....▶	3,817.23

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

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial) A. AMY KLOBUCHAR FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 04 / 2007
Mailing Address P.O. BOX 4146		Amount of Each Disbursement this Period 2,300.00
City ST. PAUL	State MN	
Zip Code 55104-4146		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name AMY KLOBUCHAR		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 1	

Full Name (Last, First, Middle Initial) B. McCASKILL FOR MISSOURI		Date of Disbursement MM / DD / YYYY 09 / 06 / 2007
Mailing Address P.O. BOX 300077		Amount of Each Disbursement this Period 2,300.00
City ST. LOUIS	State MO	
Zip Code 63130		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name CLAIRE McCASKILL		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 01	

Full Name (Last, First, Middle Initial) C. JOHN KERRY FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2007
Mailing Address 106 STREET NE SUITE 710		Amount of Each Disbursement this Period 1,000.00
City WASHINGTON	State DC	
Zip Code 20002		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CONTRIBUTION	Category/Type 012	
Candidate Name JOHN KERRY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MASS	District: 01	

SUBTOTAL of Disbursements This Page (optional).....▶	5600.00
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 type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HOLLINGS FOR SENATE

Full Name (Last, First, Middle Initial) A. THE BRIGADIER FOUNDATION		Date of Disbursement 09 / 30 / 2007
Mailing Address 171 MOULTRIE ST.		Amount of Each Disbursement this Period 5,900.00
City CHARLESTON	State SC Zip Code 29409	
Purpose of Disbursement SCHOLARSHIP		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name 012 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	5,900.00
TOTAL This Period (last page this line number only).....▶	11,500.00

27020353596

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED 10-12-07

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

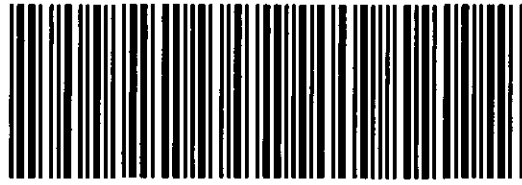
PREPARER

RD

DATE PREPARED

10-17-07

27020253598



27020353599