

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Friends of Bud Cramer

ADDRESS (number and street) P.O. Box 2621  
 Check if different than previously reported. (ACC)  
Huntsville AL 35804

2. **FEC IDENTIFICATION NUMBER** C00239038  
**CITY** STATE ZIP CODE STATE DISTRICT  
AL 05  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

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

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Henri B. McDaniel  
Signature of Treasurer Electronically Filed by Henri B. McDaniel Date 04 13 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Bud Cramer

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	128050.00	562088.25
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128050.00	562088.25
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	34953.86	227088.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34953.86	227088.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1545148.22</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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 02/2003)

Write or Type Committee Name  
Friends of Bud Cramer

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

94950.00

315193.25

(ii) Unitemized.....

100.00

16395.00

(iii) TOTAL of contributions

95050.00

331588.25

from individuals..... ▶

0.00

1000.00

(b) Political Party Committees.....

33000.00

229500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

128050.00

562088.25

(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

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

0.00

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

16.64

609.15

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

128066.64

562697.40

**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.....	34953.86	227088.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	52000.00	137000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86953.86	364088.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1504035.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	128066.64
25. SUBTOTAL (add Line 23 and Line 24).....	1632102.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86953.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1545148.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. NFIB Safe Trust</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Nat. Federation of Independent Bus 1201 F Street, NW		<b>Transaction ID:</b> 60413.C11891
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation NFIB	Election Cycle-to-Date ▼ 5000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Raytheon Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1100 Wilson Boulevard Suite 1500		<b>Transaction ID:</b> 60413.C11922
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Raytheon Company	Election Cycle-to-Date ▼ 7000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hogan &amp; Hartson PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 555 Thirteenth Street, NW		<b>Transaction ID:</b> 60413.C11911
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
International Union of Operating

Mailing Address Engineers Political Education Comm  
1125 Seventeenth Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: 60413.C11902

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
RJR Political Action Committee

Mailing Address 1201 F Street, NW  
Suite 1000

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60413.C11916

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
WATERPAC-National Rural Water Assoc.

Mailing Address Political Committee  
2915 South 13th Street

City Duncan State OK Zip Code 73533

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60413.C11905

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60413.C11921

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sparta, Inc. Employee PAC

Mailing Address 6000 Technology Dr.

City State Zip Code  
Huntsville AL 35805-1955

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11947

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sparta, Inc. Employee PAC

Mailing Address 6000 Technology Dr.

City State Zip Code  
Huntsville AL 35805-1955

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11946

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 58
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

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

Mailing Address 1919 Pennsylvania Avenue, NW  
Suite 650

City Washington State DC Zip Code 20006

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

Name of Employer SAIC Occupation Vice-President, Government Aff

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 60413.C11923

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1101 Pennsylvania Avenue

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

**Transaction ID:** 60413.C11893

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
International Truck & Engine Corp. PAC

Mailing Address P.O. Box 1408

City Warrenville State IL Zip Code 60555

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

**Transaction ID:** 60413.C11908

Amount of Each Receipt this Period  
500.00

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
BAE Systems USA PAC

Mailing Address 1300 17th St., N  
Suite 1400

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 60413.C11952

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Employees Good Government Fund

Mailing Address 301 South Tryon Street, T29

City Charlotte State NC Zip Code 28288-0024

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

Name of Employer Occupation Senior Vice-President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60413.C11915

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMO Voluntary Political Action Fund

Mailing Address 2 W. Dixie Highway

City Dania State FL Zip Code 33004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: 60413.C11910

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 444 North Capitol Street, NW  
Suite 728

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

Transaction ID: 60413.C11913

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Locke Liddell and Sapp, LLP PAC

Mailing Address 600 Travis  
Suite 3400

City Houston State TX Zip Code 77002

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: 60413.C11914

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Torch Technologies, Inc. PAC

Mailing Address 4035 Chris Drive  
Suite C

City Huntsville State AL Zip Code 35802

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60413.C11963

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 80 County Road 186

City State Zip Code  
Bridgeport AL 35740

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

Name of Employer Skyline Oil Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11936

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mark McDaniel

Mailing Address 445 McClung Avenue

City State Zip Code  
Huntsville AL 35801

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

Name of Employer McDaniel and McDaniel Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60413.C11965

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 445 McClung Avenue

City State Zip Code  
Huntsville AL 35801

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

Name of Employer McDaniel and McDaniel Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60413.C11966

Amount of Each Receipt this Period  
2000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
E.C. Pony Lee

Mailing Address 188 Stoneway Trail

City State Zip Code  
Madison AL 35758

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

Name of Employer Summa Technology Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60413.C11895

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Timothy Morgan

Mailing Address 10040 Mathis Mountain

City State Zip Code  
Huntsville AL 35803

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

Name of Employer Morgan Research Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11960

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 10040 Mathis Mountain Rd

City State Zip Code  
Huntsville AL 35803

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

Name of Employer Morgan Research Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11961

Amount of Each Receipt this Period  
2000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
Charley S. Burruss

Mailing Address 13540 Hatchie Lane

City Athens State AL Zip Code 35611

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

Name of Employer Kudzo Productions Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 60413.C11958

Amount of Each Receipt this Period  
 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
F. Brooks Moore

Mailing Address 119 Sherwood Drive SE

City Huntsville State AL Zip Code 35802

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

Name of Employer BD Systems Control Dynamics Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60413.C11954

Amount of Each Receipt this Period  
 2000.00

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

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

Mailing Address 102 McAdoo Drive

City Madison State AL Zip Code 35758

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

Name of Employer Advanced Federal Services Corp Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 60413.C11939

Amount of Each Receipt this Period  
 2000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 58
	<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Pete Schofield</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 4901 Corporate Drive Suite 102		Transaction ID: 60413.C11938
City State Zip Code Huntsville AL 35805-6201	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sparta, Inc.	Occupation Operations Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mike Cole</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 6
Mailing Address 2304 Old Wagon Road		Transaction ID: 60413.C11959
City State Zip Code Huntsville AL 35801	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wilmer & Lee	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00	

Full Name (Last, First, Middle Initial) <b>C. Remigius Shatas</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 6008 Macon Circle		Transaction ID: 60413.C11950
City State Zip Code Huntsville AL 35802-1930	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RNR Ventures, LLC	Occupation Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 6008 Macon Circle

City State Zip Code  
Huntsville AL 35802-1930

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

Name of Employer Occupation  
RNR Ventures, LLC Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11949

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jimmy D. Smith

Mailing Address 1961 Bethel Road, SE

City State Zip Code  
Decatur AL 35603

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

Name of Employer Occupation  
Jimmy Smith Jewelers Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11944

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 24 Saint James Square

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
CG Technologies President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11931

Amount of Each Receipt this Period  
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
Deason C. Dunagan

Mailing Address 28 Asbury Rd., SE

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
Dunagan, Yates, & Allison PC Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

**Transaction ID:** 60413.C11924

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 133 Inwood Trail

City State Zip Code  
Madison AL 35758-1386

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

Name of Employer Occupation  
Dynerics, Inc. President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11951

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 809 Lenlock Drive

City State Zip Code  
Huntsville AL 35802

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2006

**Transaction ID:** 60413.C11955

Amount of Each Receipt this Period  
2000.00

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 2229 Governors Bend Road

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Univ. of Alabama-Huntsville  
Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11943

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
J.D. Horne

Mailing Address 117 Intracoastal Dr.

City State Zip Code  
Madison AL 35758

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

Name of Employer Sci-Quest  
Occupation Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

**Transaction ID:** 60413.C11956

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 611 Holmes Avenue

City State Zip Code  
Huntsville AL 35801

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

Name of Employer BAE Systems  
Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11928

Amount of Each Receipt this Period  
2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 164 Stoneway Trail

City Madison State AL Zip Code 35758

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

Name of Employer Miltec Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** 60413.C11962

Amount of Each Receipt this Period  
 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Irma Tudor

Mailing Address 116 Clifts Cove Blvd.

City Madison State AL Zip Code 35758-3017

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

Name of Employer Analytical Services Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

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

**Transaction ID:** 60413.C11948

Amount of Each Receipt this Period  
 2000.00

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

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

Mailing Address 1214 Key Drive

City Alexandria State VA Zip Code 22302

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

Name of Employer Dawson and Associates Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 6

**Transaction ID:** 60413.C11917

Amount of Each Receipt this Period  
 500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 611 Holmes Avenue

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11925

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
William H. Johnston

Mailing Address 400 Meridian Street, Suite 301

City State Zip Code  
Huntsville AL 35801-3705

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

Name of Employer Johnston, Johnston, and Moore Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2125.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: 60413.C11900

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ronnie G. Flippo

Mailing Address 400 Marian Way

City State Zip Code  
Florence AL 35630

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

Name of Employer R.G. Flippo and Associates Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60413.C11892

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 1406 Monterey Drive, SE

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
Wilmer & Lee Attorney

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

3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2006

Transaction ID: 60413.C11901

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeff Irons

Mailing Address 2251 Governors Bend

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
Self Consultant

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

4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2006

Transaction ID: 60413.C11971

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 6309 Mori Street

City State Zip Code  
Mc Lean VA 22101-3153

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

Name of Employer Occupation  
C2 Group LLC Consultant

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

898.65

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

Transaction ID: 60413.C11906

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

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

Mailing Address 706 5th Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer UAH Occupation Associate VP of Research

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11930

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alex Latifi

Mailing Address 15 Asbury Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Axion Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11929

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Crystal Shell-Sulcer

Mailing Address 300 Osman Drive

City Madison State AL Zip Code 35756

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

Name of Employer Will Technology, Inc. Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11970

Amount of Each Receipt this Period  
2000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 1613 Chandler Rd, SE

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Occupation  
CFD Research Corporation President & Technical Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11927

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ben Walker

Mailing Address 7114 Whitesburg Drive

City State Zip Code  
Huntsville AL 35802

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

Name of Employer Occupation  
Self Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11937

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2709 Tammerack Ln., SE

City State Zip Code  
Owens Cross Roads AL 35763-8682

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

Name of Employer Occupation  
Time Domain President and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11932

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 7797 Smoke Rise Rd.

City State Zip Code  
Huntsville AL 35802

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

Name of Employer Intergraph Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: 60413.C11942

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lisa Williams

Mailing Address 2276 Governors Bend Rd

City State Zip Code  
Huntsville AL 35801-1371

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

Name of Employer 3D Research Corporation Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11940

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 119 High Coach Way

City State Zip Code  
Madison AL 35758

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

Name of Employer Decibel Research, Inc. Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60413.C11935

Amount of Each Receipt this Period  
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

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

Mailing Address 211 Veranda Drive

City State Zip Code  
Madison AL 35758

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

Name of Employer Maximum Technology Corporation  
Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11957

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 72 Kim Place

City State Zip Code  
Holliston MA 01746

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

Name of Employer FishEye Software  
Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 60413.C11926

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
A.i. Reisz

Mailing Address P.O. Box 1349

City State Zip Code  
Huntsville AL 35807

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

Name of Employer Reisz Engineers  
Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2006

**Transaction ID:** 60413.C11896

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 58
	<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)  
Friends of Bud Cramer

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

Mailing Address 159 Stoneway Trail

City State Zip Code  
Madison AL 35758

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 60413.C11920

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Smith

Mailing Address 3014 Tantallon Drive

City State Zip Code  
Owens Cross Roads AL 35763

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

Name of Employer CFD Research Corporation Occupation V.P. Business Development

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

Transaction ID: 60413.C11933

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 317 Loch Lomond Drive

City State Zip Code  
Madison AL 35758

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

Name of Employer US Army Occupation Program Analyst

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 6

Transaction ID: 60413.C11934

Amount of Each Receipt this Period  
2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
Keith B. Farr

Mailing Address 200 Merganser Blvd.

City Madison State AL Zip Code 35758

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

Name of Employer Advanced Optical Sciences Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 60413.C11967

Amount of Each Receipt this Period  
 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Morayma McKinney

Mailing Address 763 Sienna Vista

City Madison State AL Zip Code 35758

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

Name of Employer Total Solutions Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

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

Transaction ID: 60413.C11968

Amount of Each Receipt this Period  
 2000.00

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

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

Mailing Address P.O. Box 632

City Florence State AL Zip Code 35631

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

Name of Employer Abrams & Associates, P.C. Occupation CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60413.C11953

Amount of Each Receipt this Period  
 2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 58
	<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)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
Ray C. Jordan

Mailing Address 12163 Burgreen Rd

City State Zip Code  
Madison AL 35756

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

Name of Employer Total Solutions, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60413.C11969

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Brian K. Pollock

Mailing Address 814 Lenlock Drive, SE

City State Zip Code  
Huntsville AL 35802

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

Name of Employer Open Biosystems Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: 60413.C11894

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Walter A. Record, III

Mailing Address 1504 Lowell Drive, SE

City State Zip Code  
Huntsville AL 35801

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

Name of Employer City of Huntsville Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2006

Transaction ID: 60413.C11897

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 28 / 58
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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

**A.** Full Name (Last, First, Middle Initial)  
James P. Hackett

Mailing Address 1547 Briarcliff SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Occupation  
Steelcase North America CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2006

Transaction ID: 60413.C11898

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Martinez

Mailing Address 104 Dulany Place

City State Zip Code  
Falls Church VA 22046-4082

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

Name of Employer Occupation  
Williams and Jensen, PLLC Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

Transaction ID: 60413.C11912

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4219 38th Street, NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Millennium Engineering CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2006

Transaction ID: 60413.C11941

Amount of Each Receipt this Period  
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 58	
	(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)  
Friends of Bud Cramer

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

Mailing Address 104 Lindell Drive

City State Zip Code  
Madison AL 35758

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

Name of Employer Occupation  
Orion Propulsion President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	6

Transaction ID: 60413.C11964

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	94950.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		<b>Transaction ID:</b> 60413.E5881 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue		Amount of Each Disbursement this Period 2750.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SOFTWARE UPGRADE	Candidate Name	SOFTWARE UPGRADE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ropers Flowers</b>		<b>Transaction ID:</b> 60413.E5877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 2008 Whitesburg Drive		Amount of Each Disbursement this Period 50.60
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Downtown Storage</b>		<b>Transaction ID:</b> 60413.E5865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 100 Jefferson Street		Amount of Each Disbursement this Period 170.00
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE RENTAL	Candidate Name	STORAGE RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2970.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Melvin, Bibb, Pinson, &amp; Segars, P.C.</b>		<b>Transaction ID: 60413.E5867</b> Date of Disbursement 03 / 27 / 2006	
Mailing Address 303 Williams Avenue, Suite 129		Amount of Each Disbursement this Period 1292.50	
City Huntsville State AL Zip Code 35801-	Purpose of Disbursement ACCOUNTING FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING FEES	

Full Name (Last, First, Middle Initial) <b>B. BellSouth</b>		<b>Transaction ID: 60413.E5868</b> Date of Disbursement 03 / 27 / 2006	
Mailing Address Post Office Box 105262		Amount of Each Disbursement this Period 34.94	
City Atlanta State GA Zip Code 30348-5262	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE	

Full Name (Last, First, Middle Initial) <b>C. Avenet, LLC</b>		<b>Transaction ID: 60413.E5891</b> Date of Disbursement 03 / 14 / 2006	
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 150.00	
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement WEB HOSTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEB HOSTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1477.44
<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Colonial Graphics Group</b>		<b>Transaction ID:</b> 60413.E5873 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3303 Governors Drive, SW		Amount of Each Disbursement this Period 27.00
City Huntsville State AL Zip Code 35805-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Downtown Storage</b>		<b>Transaction ID:</b> 60131.E5856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 100 Jefferson Street		Amount of Each Disbursement this Period 170.00
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE RENTAL	Candidate Name	STORAGE RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lawrens</b>		<b>Transaction ID:</b> 60131.E5858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 809 Madison St.		Amount of Each Disbursement this Period 261.94
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFT EXPENSE	Candidate Name	GIFT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>458.94</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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Ropers Flowers</b>		<b>Transaction ID:</b> 60131.E5859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 2008 Whitesburg Drive		Amount of Each Disbursement this Period 954.40
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lawrence County Chamber of Commerce</b>		<b>Transaction ID:</b> 60413.E5887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 14220 West Court Street		Amount of Each Disbursement this Period 200.00
City Moulton State AL Zip Code 35650-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SPONSOR	Candidate Name	SPONSOR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alabama Democratic Conference</b>		<b>Transaction ID:</b> 60413.E5861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Black Political Caucus of AL-Madis P.O. Box 3592		Amount of Each Disbursement this Period 250.00
City Huntsville State AL Zip Code 35810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TABLE FOR EVENT	Candidate Name	TABLE FOR EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1404.40
<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Downtown Storage</b>		<b>Transaction ID:</b> 60413.E5883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 100 Jefferson Street		Amount of Each Disbursement this Period 170.00
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE RENTAL	Candidate Name	STORAGE RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southeast Toyota Finance</b>		<b>Transaction ID:</b> 60413.E5876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 70831		Amount of Each Disbursement this Period 621.57
City Charlotte State NC Zip Code 28296-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR LEASE PAYMENT	Candidate Name	CAR LEASE PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Morgan County ADC</b>		<b>Transaction ID:</b> 60413.E5862 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 892		Amount of Each Disbursement this Period 400.00
City Hartselle State AL Zip Code 35640-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TABLE FOR EVENT	Candidate Name	TABLE FOR EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1191.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. The Ledges</b>		<b>Transaction ID:</b> 60413.E5893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 32 Castle Down Drive		Amount of Each Disbursement this Period 2725.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntsville State AL Zip Code 35802-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement CATERING	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. Southeast Toyota Finance</b>		<b>Transaction ID:</b> 60413.E5872 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 70831		Amount of Each Disbursement this Period 621.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement CAR LEASE PAYMENT	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR LEASE PAYMENT
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. Fed-Ex</b>		<b>Transaction ID:</b> 60131.E5855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 94515		Amount of Each Disbursement this Period 408.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement SHIPPING EXPENSE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING EXPENSE
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3755.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Southeast Toyota Finance</b>		<b>Transaction ID:</b> 60413.E5871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 70831		Amount of Each Disbursement this Period 621.57
City Charlotte State NC Zip Code 28296-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR LEASE PAYMENT	Candidate Name	CAR LEASE PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60413.E5874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 77.80
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alabama Democratic Party</b>		<b>Transaction ID:</b> 60413.E5896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 950		Amount of Each Disbursement this Period 3242.00
City Montgomery State AL Zip Code 36101-0950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement QUALIFYING FEE	Candidate Name	QUALIFYING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3941.37</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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Ropers Flowers</b>		<b>Transaction ID:</b> 60413.E5895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 2008 Whitesburg Drive		Amount of Each Disbursement this Period 279.40
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60413.E5882 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 146.62
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE Candidate Name	Category/Type	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Decatur Minority Dev. Assoc. Inc.</b>		<b>Transaction ID:</b> 60129.E5783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6
Mailing Address 1209 P Danville Road, SW		Amount of Each Disbursement this Period 300.00
City Decatur State AL Zip Code 35601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SPONSORSHIP Candidate Name	Category/Type	SPONSORSHIP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	726.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Bankcard Services</b>		Transaction ID: 60413.E5941 Date of Disbursement																				
Mailing Address Post Office Box 15287		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	6													
City Wilmington	State DE	Zip Code 19886-5287																				
Purpose of Disbursement SEE BELOW	<input type="checkbox"/> 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:	SEE BELOW																					

Full Name (Last, First, Middle Initial) <b>B. AOL Online Services</b>		Transaction ID: 60413.E5948 Date of Disbursement																				
Mailing Address P.O. Box 17200		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	6													
City Jacksonville	State FL	Zip Code 32245-7200																				
Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name	Category/Type																					
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:	[MEMO ITEM] MEMO: INTERNET SERVICE																					

Full Name (Last, First, Middle Initial) <b>C. Chevron</b>		Transaction ID: 60413.E5942 Date of Disbursement																				
Mailing Address 608 Church Street, NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	6													
City Huntsville	State AL	Zip Code 35801-																				
Purpose of Disbursement GASOLINE	<input type="checkbox"/> 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:	[MEMO ITEM] MEMO: GASOLINE																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2390.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Circuit City</b>		Transaction ID: 60413.E5951 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 5900 University Drive		Amount of Each Disbursement this Period 626.25	
City Huntsville State AL Zip Code 35801-	Purpose of Disbursement COMPUTER PURCHASE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: COMPUTER PURCHASE	

Full Name (Last, First, Middle Initial) <b>B. Greenbrier Bar- B-Que</b>		Transaction ID: 60413.E5943 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address Highway 20		Amount of Each Disbursement this Period 50.57	
City Madison State AL Zip Code 35758-	Purpose of Disbursement DINING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn</b>		Transaction ID: 60413.E5947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 9035 Highway 20		Amount of Each Disbursement this Period 30.76	
City Madison State AL Zip Code 35758-	Purpose of Disbursement DINING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE	

<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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. I Ricchi</b>		<b>Transaction ID:</b> 60413.E5944 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1220 19th Street, NW		Amount of Each Disbursement this Period 1340.90
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60413.E5949 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 32.70
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Speakin Out News</b>		<b>Transaction ID:</b> 60413.E5878 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 115 Wholesale Avenue Post Office Box 2826		Amount of Each Disbursement this Period 1000.00
City Huntsville State AL Zip Code 35804-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID:</b> 60131.E5857 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 453.58
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fed-Ex</b>		<b>Transaction ID:</b> 60413.E5885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 94515		Amount of Each Disbursement this Period 18.36
City Palatine State IL Zip Code 60094-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE	Candidate Name	SHIPPING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 60413.E5890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 225.30
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	697.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. BellSouth</b>		Transaction ID: 60413.E5886 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address Post Office Box 105262		Amount of Each Disbursement this Period 35.86	
City Atlanta State GA Zip Code 30348-5262	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Fed-Ex</b>		Transaction ID: 60413.E5863 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address Post Office Box 94515		Amount of Each Disbursement this Period 60.97	
City Palatine State IL Zip Code 60094-	Purpose of Disbursement SHIPPING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SHIPPING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Regions Bank</b>		Transaction ID: 60413.E5889 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address Post Office Box 681		Amount of Each Disbursement this Period 7762.00	
City Birmingham State AL Zip Code 35201-	Purpose of Disbursement TAX DEPOSIT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	TAX DEPOSIT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7858.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 60413.E5884 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 73.75
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bankcard Services</b>		<b>Transaction ID:</b> 60413.E5921 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 15287		Amount of Each Disbursement this Period 4842.09
City Wilmington State DE Zip Code 19886-5287	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lees Magic Tunnel</b>		<b>Transaction ID:</b> 60413.E5922 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 2318 Memorial Parkway, South		Amount of Each Disbursement this Period 48.00
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR WASH	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAR WASH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4915.84
<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Lolás Gifts &amp; Flowers</b>		Transaction ID: 60413.E5927 Date of Disbursement 01 / 24 / 2006	
Mailing Address 214 N. Montgomery Avenue		Amount of Each Disbursement this Period 80.95	
City Sheffield State AL Zip Code 35660-	Purpose of Disbursement FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FLOWERS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Chef Greens on Fountain</b>		Transaction ID: 60413.E5932 Date of Disbursement 01 / 24 / 2006	
Mailing Address 515 Fountain Row		Amount of Each Disbursement this Period 77.26	
City Huntsville State AL Zip Code 35801-	Purpose of Disbursement DINING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Wine Cellar</b>		Transaction ID: 60413.E5925 Date of Disbursement 01 / 24 / 2006	
Mailing Address 2304 Whitesburg Drive, S		Amount of Each Disbursement this Period 295.27	
City Huntsville State AL Zip Code 35801-	Purpose of Disbursement CATERING-BEVERAGE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: CATERING-BEVERAGE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Balduccis</b>		Transaction ID: 60413.E5929 Date of Disbursement 01 / 24 / 2006	
Mailing Address 600 Franklin Street		Amount of Each Disbursement this Period 3179.13	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement CATERING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CATERING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. AOL Online Services</b>		Transaction ID: 60413.E5934 Date of Disbursement 01 / 24 / 2006	
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 23.90	
City Jacksonville State FL Zip Code 32245-7200	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: INTERNET SERVICE	

Full Name (Last, First, Middle Initial) <b>C. Carlyle Grand Cafe</b>		Transaction ID: 60413.E5938 Date of Disbursement 01 / 24 / 2006	
Mailing Address 4000 28th Street		Amount of Each Disbursement this Period 87.12	
City Arlington State VA Zip Code 22206-	Purpose of Disbursement DINING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE	

<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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Chevron</b>		Transaction ID: 60413.E5923 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 608 Church Street, NW		Amount of Each Disbursement this Period 154.08	
City Huntsville State AL Zip Code 35801-	Purpose of Disbursement CAR WASH	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CAR WASH	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: 60413.E5936 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 1000 Glenn Hearn Blvd.		Amount of Each Disbursement this Period 67.50	
City Huntsville State AL Zip Code 35824-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>		Transaction ID: 60413.E5935 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 8150 Whitesburg Drive, South		Amount of Each Disbursement this Period 22.83	
City Huntsville State AL Zip Code 35802-	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO:	

<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Great Spirits</b>		Transaction ID: 60413.E5926 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3022 Memorial Parkway, SW		Amount of Each Disbursement this Period 62.16
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BEVERAGE EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: BEVERAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bill Penny Toyota</b>		Transaction ID: 60413.E5924 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 4808 University Drive		Amount of Each Disbursement this Period 52.58
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR SERVICE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAR SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ruths Chris Steak House</b>		Transaction ID: 60413.E5928 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 724 9th Street, NW		Amount of Each Disbursement this Period 78.62
City Washington State DC Zip Code 20001-4505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 60413.E5937 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 64.78
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 60413.E5940 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 32.70
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington Square</b>		Transaction ID: 60413.E5933 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 109 Washington Street		Amount of Each Disbursement this Period 712.11
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Bankcard Services</b>		<b>Transaction ID:</b> 60413.E5906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 15287		Amount of Each Disbursement this Period 1547.82
City Wilmington State DE Zip Code 19886-5287	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lees Magic Tunnel</b>		<b>Transaction ID:</b> 60413.E5913 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2318 Memorial Parkway, South		Amount of Each Disbursement this Period 31.95
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR WASH Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: CAR WASH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lolás Gifts &amp; Flowers</b>		<b>Transaction ID:</b> 60413.E5914 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 214 N. Montgomery Avenue		Amount of Each Disbursement this Period 48.40
City Sheffield State AL Zip Code 35660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1547.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Sound on Wheels, Inc.</b>		<b>Transaction ID:</b> 60413.E5910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2807 University Drive		Amount of Each Disbursement this Period 161.30
City Huntsville State AL Zip Code 35816-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO REPAIRS	Category/Type	<b>[MEMO ITEM]</b> MEMO: AUTO REPAIRS
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>B. AOL Online Services</b>		<b>Transaction ID:</b> 60413.E5918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 17200		Amount of Each Disbursement this Period 23.90
City Jacksonville State FL Zip Code 32245-7200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Category/Type	<b>[MEMO ITEM]</b> MEMO: INTERNET SERVICE
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>C. Bottega Restaurant</b>		<b>Transaction ID:</b> 60413.E5917 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 2240 Highland Avenue		Amount of Each Disbursement this Period 72.83
City Birmingham State AL Zip Code 35216-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING EXPENSE	Category/Type	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE
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:		

<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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Carlyle Grand Cafe</b>		<b>Transaction ID:</b> 60413.E5919 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 4000 28th Street		Amount of Each Disbursement this Period 52.69
City Arlington State VA Zip Code 22206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chevron</b>		<b>Transaction ID:</b> 60413.E5912 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 608 Church Street, NW		Amount of Each Disbursement this Period 74.51
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: GASOLINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ruths Chris Steak House</b>		<b>Transaction ID:</b> 60413.E5907 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 724 9th Street, NW		Amount of Each Disbursement this Period 97.35
City Washington State DC Zip Code 20001-4505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: DINING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Shell Gasoline</b>		Transaction ID: 60413.E5909 Date of Disbursement 02 / 28 / 2006
Mailing Address 612 Wheeler Avenue, NW		Amount of Each Disbursement this Period 25.65
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: GASOLINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Transaction ID: 60413.E5915 Date of Disbursement 02 / 28 / 2006
Mailing Address 615 Clinton Avenue West		Amount of Each Disbursement this Period 42.12
City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 60413.E5908 Date of Disbursement 02 / 28 / 2006
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 32.70
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	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)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Wolfe Camera</b>		Transaction ID: 60413.E5911 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3022 Memorial Parkway SW		Amount of Each Disbursement this Period 183.82
City Huntsville State AL Zip Code 35802-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FILM DEVELOPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FILM DEVELOPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 60413.E5866 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 73.75
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Currie Systems, Inc.</b>		Transaction ID: 60413.E5870 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 12757		Amount of Each Disbursement this Period 269.78
City Huntsville State AL Zip Code 35815-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	343.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

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

Transaction ID: 60413.E5875

Date of Disbursement

Mailing Address Post Office Box 105262

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	6

City Atlanta State GA Zip Code 30348-5262

Amount of Each Disbursement this Period

34.68
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Purpose of Disbursement  
PHONE SERVICE

--

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:  Primary  General  
 Other (specify) ▼

PHONE SERVICE

State: District:

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

34.68
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TOTAL This Period (last page this line number only) .....

34714.34
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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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Jame Marshall for Congress</b>		<b>Transaction ID:</b> 60413.E5903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 125		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon State GA Zip Code 31201-		
Purpose of Disbursement CANDIDATE-GA 8TH DISTRICT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Barrow for Congress</b>		<b>Transaction ID:</b> 60413.E5899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 47178		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State GA Zip Code 30606-		
Purpose of Disbursement CANDIDATE-GA 12TH DISTRICT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Boswell for Congress</b>		<b>Transaction ID:</b> 60413.E5898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 6220		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-		
Purpose of Disbursement CANDIDATE-IA 3RD DISTRICT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional</b>		Transaction ID: 60413.E5901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address Campaign Committee 430 South Capitol Street		Amount of Each Disbursement this Period 40000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chet Edwards for Congress</b>		Transaction ID: 60413.E5879 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco State TX Zip Code 76702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CANDIDATE FOR TX 17TH DISTRICT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Baron Hill for Congress</b>		Transaction ID: 60413.E5897 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 1000.00
City Seymour State IN Zip Code 47274-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION-IN 9TH DISTRICT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	42000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Darlene Hooley for Congress</b>		<b>Transaction ID:</b> 60413.E5904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 2050		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem State OR Zip Code 97308-	Purpose of Disbursement CANDIDATE-OR 5TH DISTRICT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Ken Lucas For Congress</b>		<b>Transaction ID:</b> 60413.E5894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 467 Erlanger Road		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Erlanger State KY Zip Code 41018-	Purpose of Disbursement CONTRIBUTION-KY DISTRICT 1 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Ken Lucas For Congress</b>		<b>Transaction ID:</b> 60413.E5902 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 467 Erlanger Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Erlanger State KY Zip Code 41018-	Purpose of Disbursement CANDIDATE-KY DISTRICT 1 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bud Cramer

Full Name (Last, First, Middle Initial) <b>A. Charlie Melancon Campaign Committee</b>		<b>Transaction ID:</b> 60413.E5905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 511 Congress Street P.O. Box 549		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Napoleonville State LA Zip Code 70390-		
Purpose of Disbursement CANDIDATE-LA 3RD DISTRICT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Spratt for Congress</b>		<b>Transaction ID:</b> 60413.E5900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 830		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City York State SC Zip Code 29745-		
Purpose of Disbursement CANDIDATE-SC 5TH DISTRICT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tinklenburg for Congress</b>		<b>Transaction ID:</b> 60413.E5920 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 49787		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55449-		
Purpose of Disbursement CANDIDATE-MN 6TH DISTRICT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>52000.00</b>