

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 69 / 71

<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

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)  
Westmoreland for Congress

Full Name (Last, First, Middle Initial) <b>A. Craig PAC</b>		<b>Transaction ID:</b> 60120.E1660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 228 S. Washington Street, Ste. 115		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TICKETS		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. Geoff Davis for Congress</b>		<b>Transaction ID:</b> 60411.E1702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 3161 Dixie Highway, Ste. F		Amount of Each Disbursement this Period 2000.00
City Erlanger State KY Zip Code 41018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GEOFF DAVIS HOUSE KY04		Category/ Type
Candidate Name GEOFFREY C DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	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. Georgia Republican Party</b>		<b>Transaction ID:</b> 60411.E1699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 5600 Roswell Road, NE Suite 200-E		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30342-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRESIDENTS DAY		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) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	